



c/o The Annie E. Casey Foundation  
701 ST. PAUL STREET  
BALTIMORE, MD 21202  
PHONE: 410.547.6600  
TOLL FREE: 800-379-3116  
FAX: 410.547.6624  
EMAIL: [NJPANEL@AECF.ORG](mailto:NJPANEL@AECF.ORG)

**PANEL MEMBERS:**

*STEVEN D. COHEN, CHAIR*  
*KATHLEEN FEELY*  
*ROBERT L. JOHNSON, M.D., FAAP*  
*JUDITH MELTZER*

## **PERIOD I MONITORING REPORT**

*June 9, 2004 to December 31, 2004*

Released March 7, 2005

---

## TABLE OF CONTENTS

---

<b>PART I:</b>	<b>INTRODUCTION</b>	<b>3</b>
<b>PART II:</b>	<b>METHODOLOGY</b>	<b>5</b>
<b>PART III:</b>	<b>FINDINGS AND RECOMMENDATIONS</b>	<b>7</b>
	A. Overall Conclusions	7
	B. Strengths of the Reform Effort to Date	8
	C. Areas with Progress to Date and Need for Refinement and Continued Improvement	9
	D. Significant Problems	10
	E. Recommendations	12
<b>PART IV:</b>	<b>BACKGROUND DATA AND OUTCOME MEASURES</b>	<b>15</b>
	A. Basic Data about New Jersey's Child Welfare System	15
	<i>Table 1. Families &amp; Children under DYFS Supervision, page 15</i>	
	<i>Table 2. Children under Supervision in Out-of-Home Care, page 15</i>	
	<i>Table 3. Age of Children in Out-of-Home Care, page 16</i>	
	<i>Table 4. Race and Ethnicity of Children in Out-of-Home Care, page 16</i>	
	<i>Table 5. Placement Type of Children in Out-of-Home Care, page 17</i>	
	<i>Table 6. Permanency Goals for Children in Out-of-Home Care, page 17</i>	
	B. Outcome Indicators	18
	<i>Table 7. Baseline of City and County Entry Rates, page 23</i>	
	<i>Table 8. Baseline Data of Rates of Entry by Race and Ethnicity, page 24</i>	
	<i>Table 9. Baseline Data of Median Length of Stay by Race and Ethnicity, page 25</i>	
	<i>Table 10. Baseline Data for Probability of Permanency Exit by Race and Ethnicity, page 25</i>	
	<i>Table 11. Baseline Data for Likelihood of Reentry by Race and Ethnicity, page 25</i>	

<b>PART V: PERFORMANCE ON STRATEGIES</b>	<b>27</b>
A. Keeping Children Safe	27
B. Placing Children who Need Out-of-Home Settings	31
C. Achieving Permanency for Children	35
D. Resource Families	42
E. Adolescents and Youth Transitioning Out of the System	50
F. Reducing Inappropriate Reliance on Institutional Settings	53
<i>Table 12. Number of Children in Out-of-Home Congregate Care, page 55</i>	
G. Partnering with Communities and Expanding Necessary Services	58
H. Striving for Safety and Permanency in the Courts	63
I. Developing the Necessary Culture and Workforce	67
<i>Table 13. Caseload Distribution for Staff Assigned More than Five Families, page 69</i>	
<i>Table 14. Percent of Caseload Distribution for Staff Assigned More than Five Families, page 69</i>	
<i>Table 15. Worker Caseloads, page 70</i>	
J. Infrastructure and Resources	75
K. Continuous Quality Improvement	79
<b>APPENDIX 1: TARGETED REVIEW—STATE CENTRAL REGISTRY</b>	<b>82</b>
<i>Table 16. Monthly SCR Call Response Statistics, page 85</i>	
<i>Table 17. Comparison of New Jersey Reports for July-October in 2002, 2003 and 2004, page 87</i>	
<b>APPENDIX 2: TARGETED REVIEW—“BOARDER BABIES”</b>	<b>92</b>
<i>Table 18. Children in “Boarder Baby” Status, page 93</i>	
<i>Table 19. Average Length of Stay in “Boarder Baby” Status, page 93</i>	
<b>APPENDIX 3: TARGETED REVIEW—PLACEMENT ASSESSMENTS</b>	<b>95</b>

---

## PART I. INTRODUCTION

### *Purpose of this Report*

---

In this report, the New Jersey Child Welfare Panel assesses the State's progress through the end of December 2004 in implementing its comprehensive reform plan (*A New Beginning: The Future of Child Welfare in New Jersey*, June 2004). Many of the commitments made in that plan are also enforceable elements of the Settlement Agreement that resolved Federal class-action litigation (*Charlie and Nadine H. v. McGreevey*) against the State. The Panel is charged, in part, with reporting to the Court on New Jersey's compliance with these specific requirements, and we do so below in Part III of this document.

We note at the outset that the Panel's mandate is considerably broader than simply reporting on compliance. The Settlement Agreement makes clear, as stated in its Preamble, that "[o]verall progress in all of the areas outlined in this Agreement is the over-arching goal shared by the parties." The Panel is asked not simply to record facts, but also to make judgments about the quality, timeliness, and effectiveness of the actions New Jersey takes to improve the safety, stability, and well-being of the children for whom it is responsible. The Panel is also charged with identifying the mid-course corrections that will certainly be needed at various stages of the reform. When the Panel designated the "enforceable elements" of the plan in July 2004, we described these responsibilities, and the thinking behind them, as follows:

The child welfare reform plan developed by the State of New Jersey will be carried out over a period of years. In fashioning the Settlement Agreement, the parties understood that no one can predict at any given moment which actions will be most essential, and which will come to seem unnecessary or misguided, years later. They therefore created an opportunity for the plan to evolve over time, and authorized the Panel to make judgments about the State's progress and to require modification of the plan if necessary.

Put another way, it is in no one's interest for this plan to be transformed into a checklist of requirements to be complied with, divorced from its larger purpose and context. The plan is a means, not an end; it exists in order to guide the State towards substantially improved outcomes for children and families. To the extent that the State makes such progress, its failure or delay in carrying out a specific action may well be less than critical. To the extent that the State fails to make such progress, additional actions beyond those set forth in the plan may prove to be absolutely essential.

In Part II of this report, we provide background information and describe the methodology the Panel used to arrive at this report.

In Part III, we set forth our judgments about the reform effort to date, along with recommendations for changes we believe necessary in order to achieve the goals set forth in the plan and to fulfill the State's responsibilities under the Settlement Agreement.

In Part IV, we provide background data on New Jersey's child welfare system, along with baseline data on most of the outcome indicators that will ultimately be used to gauge the State's progress.

In Part V, we provide a more detailed review of New Jersey's performance with regard to each area of the plan. We focus on progress with regard to each of the major strategies. As evidence of progress or lack thereof, we have considered all actions to date, including but not limited to those that were to be completed by December 31, 2004 as enforceable terms of the Settlement Agreement. This section also

includes recommended “Next Steps” for each reform area, designed to help the staff of OCS revise and refine their work.

In considering the conclusions and recommendations included in this report, it is important to bear in mind two points. First, the Panel has evaluated not only whether New Jersey has taken specific actions, but also whether the work done to implement the reform plan is of high quality and to what extent different streams of work are integrated with one another in a coherent fashion.

Second, everyone involved or interested in this reform effort understandably wants New Jersey’s child welfare system to improve very rapidly, so the children who are under State supervision today and whose futures are at stake can get the help they need. The Panel’s sense of urgency on this point is great, as is that of the many people in New Jersey who have worked to implement the plan. Our urgency is also tempered by a sense of realism. Changing a large and complicated system takes time, and the success of New Jersey’s reform will be measured over years rather than months.

This observation is particularly relevant for this first six-month monitoring period, during which much of the State’s work was foundational in nature. It involved such activities as hiring staff and finding new locations for offices; revising policies, procedures, and training curricula; and changing the way in which work is organized, for example with regard to what applicants experience from the time they call to express their interest in becoming resource (foster or adoptive) parents to the time they are licensed. These actions are, by definition, necessary but not sufficient for successful reform. Lower caseloads alone will not produce better results for children, but better results are not possible until caseloads are manageable. Changing policies and forms doesn’t change practice, but practice is unlikely to improve until policies are consistent with meeting children’s needs.

Accordingly, many of the Panel’s judgments about the State’s progress during this first monitoring period are necessarily preliminary in nature. For example, it is not reasonable to expect that, within six months, New Jersey could have developed a well-trained workforce with appropriate caseloads across the State. The Panel did, however, expect the State to have hired the staff it committed to hiring, begun to reduce caseloads particularly in the four Phase I areas, and developed the training infrastructure (curricula, trainers, etc.) it needs. At this still relatively early date in the reform effort, we are most often gauging whether New Jersey has laid the foundation for better outcomes in the future. Where our judgments are positive, they should not be taken as indicating that better results for children and families are already being achieved.

Finally, we end this introduction with a note on terminology. Within New Jersey government, the primary responsibility for implementing the reform plan rests with the Department of Human Services (DHS), and with some of its constituent parts, including the Office of Children’s Services (OCS); the Division of Youth and Family Services (DYFS); the Division of Child Behavioral Health Services (DCBHS); and the Division of Prevention and Community Partnerships (DPCP). The litigation that led to the Settlement Agreement and the creation of this Panel, however, had as its defendant the State of New Jersey, not just a single agency. One of the strengths of the reform plan is its recognition that the actions of many other arms of State government, from the personnel department to the judiciary, are critically important to the success of this effort. Accordingly, where the Panel makes judgments in this report about progress to date, we will most often refer to the actions of “the State” or “New Jersey.”

---

## **PART II. METHODOLOGY**

### *Background and Sources for this Report*

---

The Panel has used several methodologies to make the judgments, conclusions and recommendations contained in this report: (i) review of written materials; (ii) interviews and related methods; and (iii) targeted reviews of select areas. In addition, the Panel and our staff have attended many internal workgroups and planning meetings to provide more in-the-moment guidance (per the expectation of the Settlement Agreement) and to allow a deeper understanding of New Jersey's system and progress toward goals. We recognize it is not always easy to have outsiders in internal planning meetings and workgroups and we commend New Jersey for graciously and routinely opening up its system to us. Finally, because the Panel used—and will continue to use—assessment systems that we hope will be in place long after the conclusion of our monitoring, we have, when appropriate, asked some of New Jersey's Continuous Quality Improvement staff to participate in our work. Where the State provided so-called “shadow” reviewers, the conclusions in this report are based solely on findings made by the Panel.

#### **1. Review of Written Materials**

---

Each quarter, the State provided the Panel with written materials documenting their actions pursuant to the enforceable elements of the Settlement Agreement. The Panel has reviewed the voluminous material provided by the State, which included revised policies and practice standards; internal memoranda and meeting minutes; personnel information and other human resources reports; statistical and data reports and, in particular, analysis related to the benchmarks identified in *A New Beginning*; budget, contract and expenditure information, and the first and second quarterly reports New Jersey submitted to the Legislature. All of the data cited in this report was supplied by New Jersey and derived from New Jersey's data files, including: NJ Statewide Protective Investigation, Reporting, and Information Tool (NJ Spirit), DYFS Service Information System (SIS), Safe Measures, DCBHS ABSolute Report Application and the Provider Caretaker Information System (PCIS). This data has not been independently verified in this monitoring period. For our future reports, we will utilize a statewide case record review and what is called a Qualitative Service Review (QSR), to validate data provided by New Jersey.<sup>1</sup>

Our review of written materials also included relevant reports issued by the New Jersey Office of the Child Advocate and the Association for Children of New Jersey. We note in the text instances where we rely on information from reports other than those provided by the State.

#### **2. Interviews, Focus Groups and Site Visits**

---

During the monitoring period, the Panel held a bi-weekly meeting with New Jersey leadership, as well as individual meetings with state leaders and their staff. We also visited the field. During the first monitoring period, the Panel visited all of the Phase I<sup>2</sup> field offices and one Phase II office. We conducted a total of ten visits, each a half day or longer, meeting separately with managers, supervisors

---

<sup>1</sup> The Panel is in the process of setting up a 1,000 case record review for this spring and will report on our findings in our second monitoring report. In addition, this spring, the Panel will pilot the QSR, which is an in-depth analysis of a small sample of cases employing skilled practitioner evaluators who interview all of the pertinent contributors to the case using a structured protocol. We plan to use the QSR in all of the Phase I areas next fall and will report on our findings in our third report.

<sup>2</sup> Certain elements of the reform plan will be implemented in three phases. New Jersey has designated Essex, Camden, Mercer and Passaic Counties as the four “Phase I” areas in which implementation will occur first.

and frontline staff in district offices. We will return to these offices throughout our 18-month monitoring period so that we can track reform from the field perspective. In addition, we conducted interviews and met with various community and provider representatives in Trenton and other parts of the state. We also attended community meetings in Essex, Mercer and Passaic Counties that are beginning to take place either as a result of DPCP or because a local group already existed. We will continue to attend these meetings throughout the monitoring periods. Finally, where we have done case record readings or observations on particular topics such as our review of the new Centralized Screening function described in detail in Appendix 1, we interviewed relevant staff and managers and observed practice in the field.

### **3. Targeted Reviews**

---

We conducted three targeted reviews during the monitoring period. For the Panel, a targeted review provides an opportunity to observe practice, read a small sample of case records and/or interview staff and managers on a select issue. For this monitoring period, we reviewed the new State Central Registry (SCR); practice related to “boarder babies;” and the State’s follow up related to the placement assessments completed pursuant to the Settlement Agreement. Each of these reviews is described in greater detail in the Appendices. All involved many hours of observation, review of records and data reports, and interviews with staff and managers.

---

## PART III. FINDINGS AND RECOMMENDATIONS

### *Major Conclusions of this Report*

---

#### A. OVERALL CONCLUSIONS

The Panel's major conclusions for this first six-month monitoring period are as follows.

1. *New Jersey has taken the large majority of the specific, concrete actions it committed to in A New Beginning.* The State's leaders and the many people who have worked hard on these activities deserve credit for following through on their commitments and for demonstrating the capacity to take action in many areas at once. Many of these actions – for example, hiring hundreds of new front-line staff and supervisors; creating separate units of protective services investigators and ongoing services workers; and equalizing reimbursement rates for relative caregivers – are absolutely critical components of the reform plan. We discuss some of the State's accomplishments in Section III.B, below. In Section III.C, we discuss other areas in which New Jersey has made progress and further improvements or adjustments are necessary.
2. *Some important elements of the plan either have not been implemented or have not been implemented with the level of quality needed.* We have been particularly concerned by the lack of progress with regard to training and by the need for considerably greater clarity in the effort to engage communities in the work of child protection and family support. We discuss these and other important challenges that must be addressed promptly in Section III.D, below.
3. We are deeply concerned that *the organizational structure of DHS does not adequately support the reform effort.* In Trenton, multiple units (in DHS, OCS, DYFS, DCBHS and DPCP) have confusing and overlapping responsibilities, with unclear levels of authority. As a result, important decisions are delayed or not made, in part because people are uncertain about who is to make those decisions. In the field, the structure of the new area offices remains unclear, with leadership from each of three divisions but no one in charge of the entire office or fully accountable for the system's performance. New Jersey's leaders share these concerns and they are preparing a plan to address them.
4. Finally, in our view the leadership team has not yet succeeded in effectively *prioritizing and sequencing reform activities to ensure coordination and consistency.* As a result, the component parts of this reform effort do not consistently hold together and form a coherent whole. For example, the work of recruiting and supporting resource families has everything to do with the way the Department partners with communities, especially those in which the largest numbers of children need help, but to date there has been little meaningful coordination between the parts of DHS concerned with resource families and the parts concerned with community partnership. Similarly, the Department's plan to train a cadre of staff to facilitate Family Team Meetings has been developed in isolation from work on the Department's broader training activities – even though eventually all workers will be trained in these skills.

We note one additional area of concern. New Jersey has a special responsibility not simply to implement the reform plan, but to do so in a careful and thoughtful manner. It is to the State's credit that many people, within DHS and elsewhere, take very seriously their commitment to carry out the promises the State has made. Unfortunately, this concern has sometimes taken the form of an over-emphasis on what have come to be known as "the enforceables," i.e. the items that the Panel and Court have designated as legally enforceable terms of the Settlement Agreement with specific dates by which they are to be accomplished. On more than one occasion, the State has taken actions that we believe were inadvisable,

presumably out of a desire to comply with the letter of the Settlement Agreement.<sup>3</sup> It should be unequivocally clear that, where a particular action or deadline no longer makes sense or cannot be achieved within the designated timeframe in a way that is actually good for children and families, New Jersey's responsibility is to so inform the Panel and to propose an alternative course of action, not to implement for the sake of compliance.

The problems noted above must be solved in order for New Jersey to deliver the comprehensive reform it has promised, improve outcomes for children and families, and meet the requirements of the Settlement Agreement. We believe that the State's leadership remains capable and committed to the reform effort, and that they can be successful in meeting these challenges. The priority recommendations in Section III.E, below, represent the Panel's guidance on the critical next steps we believe are needed.

## **B. STRENGTHS OF THE REFORM EFFORT TO DATE**

New Jersey has made significant progress in the areas listed below.

- In at least several of the offices visited regularly by the Panel, *staff morale* is notably improved compared to six months or a year ago. In many instances front-line staff and supervisors have been highly engaged and remarkably patient as change unfolds. They have appreciated the efforts of the State's leadership to reach out to them in new ways, while at the same time always wanting better and more opportunities for communication. A significant number of workers appear to us not only to be eager for full implementation of the reform, but also to believe that major improvements in the system are within reach. We would not argue that these strengths are present in every office or work unit, but we do believe that overall progress in this area has been significant.
- New Jersey has *equalized reimbursement rates for relative caregivers*. Prior to this change, most relatives caring for children who have experienced abuse or neglect were paid an amount that was clearly too low to meet even the children's basic needs. Over the next several years, rates for all substitute caregivers will rise significantly, further strengthening the State's ability to meet children's needs and increasing the likelihood that New Jersey will be able to attract a sufficient number of well-qualified resource families.
- OCS has substantially reduced the problem of "*boarder babies*" staying in the hospital when they no longer require medical care because appropriate relatives or foster parents are not available for them. It has done this work in a manner that can serve as a model for other aspects of the reform plan, including better coordination of services with the hospitals and the use of Family Team Meetings to identify and support relative caregivers.
- In several areas in which DHS was to develop more detailed *implementation plans* during the period under review, it has made good progress in defining what will be done, by whom, when, and why. These areas include performance-based contracting, placement, and adoption services. The plans

---

<sup>3</sup> An example is the assignment of hundreds of children with behavioral health needs to Youth Case Management organizations near the end of 2004, even when some of those organizations did not yet have sufficient staff to be able to assess and provide services to these children. This may appear to be compliance with the enforceable element requiring certain classes of children to have case managers by December 31, 2004. We would argue that it is not – and, much more important, that it provided no real benefit to children who could not realistically be served by these organizations until they hired additional staff.

regarding adoption and resource family training and support have benefited significantly from the involvement of community stakeholders.

- The State has lived up to challenging commitments to eliminate the populations of young children and children adjudicated as delinquents who were served at the Arthur Brisbane Child Treatment Center, taking the critically important first steps to closing that facility and to developing a sustainable set of appropriate alternative treatment settings for children with serious psychiatric problems
- While the State's plan for improving *medical services* to children involved with the child welfare system is not due until March 2005, New Jersey has found strong leadership for this effort, has the planning well underway, and appears likely to produce a well thought out approach that promises real benefits for children.

### **C. AREAS WITH PROGRESS TO DATE AND NEED FOR REFINEMENT AND CONTINUED IMPROVEMENT**

The areas listed below are essential parts of the reform effort in which the Panel believes that New Jersey has made significant progress during this first monitoring period, but where the State still needs to make adjustments in order to produce the full benefits promised by the plan.

- *OCS has begun to reduce caseloads for front-line staff*, primarily by adding 260 new front-line caseworkers and by deploying "impact teams" to help close old cases after verifying that services are no longer required. The large majority of the new staff members have been assigned to the four "Phase I" areas (Essex, Camden, Mercer, and Passaic counties). Caseloads in these counties have declined significantly and more progress can be expected in the next few months as workers who have been in training begin to take on full caseloads. This is very important progress in a critical part of the plan. It must be supplemented by speedy action to remedy the unacceptable number of workers – even in Phase I offices – who continue to have caseloads so large as to be clearly unmanageable. We provide further details on this issue in Part IV.I of this report.
- *OCS has separated the duties of child protective investigators and workers who provide ongoing services and supervision* to families involved with the child welfare system. This basic change is essential to a well-run system. Its effects have not yet been fully felt because, in many offices, protective investigators still have responsibility for some of the ongoing services cases they were carrying when their duties changed.
- OCS opened a *centralized hotline*, or State Central Registry (SCR), for receiving and screening allegations of abuse or neglect. This is a difficult but worthwhile change which encountered significant start-up problems. For several months an unacceptable proportion of incoming calls were either abandoned by the caller or diverted to a clerical staff person who could only promise that a screener would get back to the caller as soon as possible. OCS recently made significant progress in remedying these problems, after assigning new management to SCR and expanding its staffing pattern, and has committed to closely monitoring SCR and making additional improvements as needed. In our view these changes could and should have been made more quickly. A full description of the Panel's monitoring of SCR, and our further observations and recommendations, is found in Appendix 1 of this report.

- New Jersey has taken a number of the steps needed to better *recruit, train, and support resource families* for children who need out-of-home care. The State licensed 454 new caregivers from July through December 2004; developed additional contracts for recruitment and support; identified and purchased a state-of-the-art curriculum for resource family training; and developed a resource family support plan that has many admirable features. Considerable further work is needed to build the strong infrastructure the State will need to achieve its goals in this area. These additional efforts include implementation of the plan to provide applicants with a speedier and more respectful training and licensing process, including a single point of contact; hiring and deployment of resource family support workers; initiation of peer-to-peer support for resource families; and strengthening community-based recruitment efforts targeted in the areas from which the largest numbers of children are entering care.
- New Jersey has expanded the availability of some of its *children's behavioral health services*. These include case management provided by Care Management Organizations and Youth Case Managers, and treatment services, primarily in-home and community-based. As a result, some front-line child welfare staff now report that they can more easily obtain services needed by their clients. Much more work remains, however, to ensure that New Jersey's behavioral health system can effectively meet the needs of children with the most serious problems, including many who remain in shelters or detention while awaiting alternative services.

## **D. SIGNIFICANT PROBLEMS**

In this section, we identify areas in which the Panel believes that New Jersey has made considerably less progress than could reasonably have been expected, or problems have arisen that impede significant parts of the reform plan. These are areas in which the State has not acted, or the quality of its efforts has been inconsistent and the integration of different streams of work has been uneven. In our view, these issues require priority attention on the part of New Jersey's leadership. Many of the Panel's key recommendations listed below address these subjects.

- The *training* needed to support the reform effort is not yet available, and in this area there has been very little progress to date. New staff members still receive outdated training that does not communicate the values of the reform plan or help them develop the skills they will need to implement a new practice model. New Jersey has not developed a credible plan either to revamp this training or to provide the re-training that existing workers will need. We note in this regard that State leadership has acknowledged the challenges they have had with respect to training and have recently hired a well-qualified Assistant Commissioner with considerable experience in child welfare training, who is to begin work in early March 2005.
- The effort to develop *community partnerships* to protect children and support the work of the public child welfare system has not advanced significantly enough. Staff of DPCP has done a good deal of work to reach out to, engage and begin to work with community organizations and local residents. Their efforts, however, are not likely to produce results until DHS and OCS are much clearer about the specific help that they need and what they expect from local planning councils and community collaboratives; the level of authority these bodies will have; and how New Jersey will measure their performance.
- New Jersey has not yet made demonstrable progress in *deinstitutionalization*. Significant numbers of children remain in detention centers and shelters when they should be receiving alternative services

from DHS. Many others continue in out-of-state placements where meeting their needs for permanency is difficult at best. The work underway to address these problems appears to us to be limited, and we do not at this point expect the State to succeed in meeting its June 30, 2005 commitment to find more appropriate placements and services for children who need them.

- As demonstrated by the recent report of the Office of the Child Advocate, significant problems remain in the way the State responds to *allegations of abuse or neglect for children in out-of-home care*. The Institutional Abuse Investigations Unit has a large backlog of unresolved complaints and, while there has been some progress compared to prior reviews, at least some of the Unit's judgments appear to remain unsupported by the evidence.
- New Jersey has not implemented the portions of the plan designed to improve the *qualifications of front-line and supervisory staff*. In particular, the State has not amended its civil service job descriptions and hiring procedures to give preference to applicants with a BSW or related degree for casework titles and to applicants with an MSW or related degree for supervisory titles.
- OCS has made very limited progress in *developing and managing the benchmarks identified in A New Beginning and the data reports needed to track and improve performance*, both by workers and supervisors in the field and by managers throughout the agency. The Panel remains unclear who is assuming lead responsibility for this work. Even while awaiting the full deployment of its automated child welfare information system ("NJ SPIRIT"), which is a year away, the State has significant data resources (for example, the Safe Measures data that are provided as part of Structured Decision Making, and placement and outcome data that have been developed for New Jersey by the Chapin Hall Center for Children at the University of Chicago) that it has not regularly or fully utilized.

## E. RECOMMENDATIONS

The challenges ahead are substantial. The Panel believes they require a significant course correction rather than minor adjustments. We have two overarching recommendations.

***Recommendation 1: New Jersey's leadership should set and communicate clear and firm priorities for the work of the next six months, focused on (a) those elements of the plan with immediate implications for children currently in care or under State supervision, and (b) those remaining foundational elements that are essential to the rest of the reform effort.***

---

In order to be certain that it can achieve these priorities with thoughtfulness, high quality and an appropriate sense of urgency, the State will almost certainly have to devote less effort in the immediate future to some other activities that are part of its reform plan. In other words, we believe that over the next several months New Jersey should attempt to do a smaller number of fundamental things and to do them very well, rather than continuing to attempt to implement all portions of the reform plan with equal priority.

Therefore, the Panel would welcome a proposal from the State to adjust timeframes for some future enforceable elements that cannot realistically be achieved on the original schedule and for which meaningful implementation depends on prior achievement of other objectives. This recommendation in no way implies a retreat from the comprehensiveness of the Plan, but rather the need for a reordering based on a realistic appraisal of implementation issues and challenges. Such a proposal from the State must carefully explain how and why these later actions will be sequenced. The Panel's favorable response will depend in part on whether New Jersey simultaneously implements Recommendation 2, regarding organization, described below.

The following actions appear to us to be ones in which State action must proceed along the original timetable or in some cases, at a more accelerated pace because they are essential in order to meet the immediate needs of children involved with the child welfare system. All of these areas are addressed in the reform plan and OCS is already working on many of them. This list represents the Panel's effort to establish a set of priorities for immediate attention consistent with the overall reform plan, not a new set of additional actions.

1. Rapid action to *eliminate the problem of unmanageable caseloads*, including concrete steps to reduce all caseloads to no more than 30 families by June 30, 2005 and to free investigative workers from their remaining ongoing services cases within the same timeframe. These actions are in addition to the existing commitments to hire and deploy new staff and reduce caseloads for all workers in the State;
2. Taking actions needed to ensure *child safety*, including full implementation of the State's corrective action plans for SCR and for the Institutional Abuse Investigation Unit (IAIU);
3. Development and implementation of the *medical services* plan;
4. Implementation of actions needed to support, recruit, train, and retain *resource families*, including community-based recruitment with adequate funding and support; putting in place the staffing and new processes needed to routinely bring applicants to a licensing decision within 120 days; beginning implementation of the new training curriculum; and making available additional supports including but not limited to the first resource family support workers and peer support groups;

5. Individual *attention to children who are inappropriately placed* in shelters, detention facilities, and out-of-state placement, and to those who have a permanency “goal” of long-term foster care, with as many of these children as possible moved to more appropriate settings and services; and
6. *Continued expansion of service capacity*, particularly for substance abuse services and mental health services – but with all RFP’s controlled by an OCS planning office (see Recommendation 2 below) responsible for ensuring that they are consistent with the reform plan and are not limited to expanding the capacity of existing providers.

The following additional actions appear to us to be needed within the next six months in order to make possible the implementation of the remainder of the reform plan in a logical and coherent manner:

7. Development of a *revised training plan* with an aggressive schedule for offering new curricula for both new and experienced workers, and full integration of training now underway or planned (e.g., training in Family Team Meetings) into these curricula;
8. Development of *community capacity to provide ongoing case management* for families that need support but do not require oversight by the public child welfare agency. This is the sole area in which the Panel is recommending that the State act on a timetable faster than that set out to date, because we believe that without this capacity front-line workers will continue to be overwhelmed by the press of new cases and the State’s promises of a new relationship with communities will remain abstract hopes rather than concrete realities;
9. *Start-up funding for the first community collaboratives* (and, we would argue, a significant delay in developing the county-wide “child welfare planning councils” until their role is much clearer and more capacity has been developed to support their work). New Jersey can and should also define immediate priorities to be addressed by the collaboratives, focusing initially on local asset mapping and resource family recruitment and support;
10. Continued development of *Release 2 of NJ SPIRIT* on an aggressive timetable, accompanied by development of interim tools where needed to provide essential data on the progress of the reform;
11. Conducting the *behavioral health needs assessment* described in *A New Beginning*, broadened to include an assessment of the strengths and weaknesses of the children’s behavioral health system and the changes needed to assure that its resources are directed to the children and families most in need. This assessment should be conducted by an independent consultant approved by the Panel; and
12. Putting in place the *changes in hiring and promotional standards, civil service examinations, and work rules* needed to build and maintain a strong front-line and supervisory workforce.

These two lists contain a significant number of items, and acting on such a wide variety of issues simultaneously will remain a difficult challenge. However, given the importance of these actions to the lives of children now in care and to the future of the reform effort as a whole, we do not see how any can be omitted. We also believe that some progress can continue to be made in other areas, even while the State’s leadership focuses its attention on this priority agenda. But the Panel is prepared to commit to focusing our own monitoring efforts and making our next round of monitoring judgments based on these priority areas, subject to the conditions described above.

***Recommendation 2: New Jersey's leadership should, within 30 days, put in place critical organizational changes needed to support the reform effort.***

---

Some of these steps cannot be completed in 30 days but all can be underway. As noted above, New Jersey agrees and is developing a plan to address these issues. The plan should include the following:

1. Granting the Deputy Commissioner of OCS clear authority over critical support services including budget, human resources and personnel, contracting, training, information technology and data analysis, continuous quality improvement, and facilities management for the divisions under her jurisdiction. When this work is complete, there should be, for example, a single budget office located in OCS responsible for fiscal management of the reform effort, rather than five budget offices in DHS, OCS, DYFS, DCBHS, and DPCP;
2. Further strengthening OCS by developing a high-level (at least Assistant Commissioner) position responsible for organizational planning;
3. Further strengthening OCS by moving key medical positions - the Director of Medical Services hired by DYFS and the senior psychiatrist hired by Children's Behavioral Health – out of the divisions and into OCS;
4. Developing a job description for true area office directors, and selecting a director for each such office, chosen from among the three divisional (DYFS, DPCP, DCBHS) directors or team leaders when appropriate, and from outside the organization when necessary;
5. Integrating the work of community partnerships and prevention into the operations of the area offices; and
6. Developing new mechanisms for two-way communication with the field and the public. These might build on the existing Division Action Line to create a well-publicized vehicle for citizens to resolve problems with OCS (e.g., difficulty in getting an abuse or neglect allegation accepted for investigation) and to more clearly connect leadership to experience on the front lines.

During the next monitoring period, the Panel will formally evaluate the organizational structure within which New Jersey is trying to carry out the reform effort. The actions listed above will not guarantee success; it may still be the case that DHS is simply too large, and that New Jersey will need a separate, Cabinet-level children's agency. We are confident, however, that without these actions the problems experienced during the first six-month monitoring period cannot be fully remedied.

We end this section with a note of encouragement. Every large-scale system reform effort we have seen has encountered problems along the way. Six months ago, the Panel noted that New Jersey had a strong and ambitious plan; an impressive, multi-year commitment of resources to support that plan; capable leaders; and a large number of people, both in DHS and in the community, who are determined to make this reform a success. All of those strengths still exist. We strongly encourage the State's leaders and the public to take the good work already done as a sign that more is possible, and the problems encountered to date as reason to renew their commitment to do this work and do it well.

---

## PART IV. BACKGROUND DATA AND OUTCOME MEASURES

---

This Part contains two sections. The first provides basic descriptive information about New Jersey's child welfare system, such as the number of children in care and the number of adoptions completed. The second provides baseline information for longitudinal measures of outcomes for children and families. In most instances the baselines are drawn from experience in 2002 or 2003. Future reports will include current performance information compared to these baselines to determine the extent of progress on each indicator. Improving these outcomes will ultimately be the primary measure of the success of New Jersey's reform effort.

### A. BASIC DATA ABOUT NEW JERSEY'S CHILD WELFARE SYSTEM

**Table 1. Families and Children under DYFS Supervision**

	<i>July 2, 2004</i>	<i>January 7, 2005</i>	<i>Percentage Change</i>
<b>Under DYFS Supervision</b>			
Families	36,682	32,895	-10.3%
Children	68,454	61,262	-10.5%
<b>Subsidy support without case management</b>			
Families	6,407	6,969	+8.8%
Children	10,009	10,925	+9.2%

*Data supplied by OCS. Not independently verified.*

The number of families and children (both receiving services in their own homes and in out of home care) with open DYFS cases both decreased by just over 10 percent during the first monitoring period. This reverses a steady trend over the past decade, during which the total open caseload had increased steadily.

**Table 2. Children in Out-of-Home-Care**

	<i>July 2, 2004</i>	<i>January 7, 2005</i>	<i>Percentage Change</i>
Children in out-of-home care	12,938	12,222	-5.5%

*Data supplied by OCS. Not independently verified.*

During this monitoring period there has been a decrease in the number of children entering in out of home care in New Jersey.

**Table 3. Age of Children in Out-of-Home Care**

<b>Distribution by Age of Children in Out-of-Home Care</b> January 7, 2005		
<i>Age</i>	<i>Number of Children</i>	<i>Percentage by Age Group</i>
0 to 2	2,763	22.6%
3 to 5	1,765	14.4%
6 to 9	1,891	15.5%
10 to 12	1,697	13.9%
13 to 15	2,218	18.1%
16 to 17	1,612	13.2%
18 & older	276	2.3%
<i>All Children</i>	<i>12,222</i>	<i>100.0%</i>

*Data supplied by OCS. Not independently verified.*

This distribution of children by age in New Jersey is similar to national data.

**Table 4. Race and Ethnicity of Children in Out-of-Home Care**

<b>Race and Ethnicity of Children in Out-of-Home Care</b> January 7, 2005		
<i>Race/Ethnicity</i>	<i>Number of Children</i>	<i>Percentage by Race and Ethnicity</i>
American Indian/Alaska Native	18	0.1%
Asian/Native Hawaiian/Other Pacific Islander	28	0.2%
African American	7208	59.0%
Hispanic/Latino	1,494	12.2%
Interracial	305	2.5%
White	2910	23.8%
Other	259	2.1%
<i>All Children</i>	<i>12,222</i>	<i>100.0%</i>

*Data supplied by OCS. Not independently verified.*

In New Jersey, as in most systems across the country, African-American children are substantially overrepresented compared to their numbers in the general population. While African-American children make up only 16.4 percent of the children in New Jersey, they represent 59.0 percent of the children in out-of-home care in the state.

**Table 5. Placement Type of Children in Out-of-Home Care**

<b>Placement Type of Children in Out-of-Home Care</b> January 7, 2005		
<i>Level of Care</i>	<i>Number of Children</i>	<i>Percentage of Children</i>
Group Homes	443	3.6%
Public Institutions	96	0.8%
Shelters	417	3.4%
Residential Treatment Centers	973	8.0%
<i>Subtotal Congregate Settings</i>	<i>1,929</i>	<i>15.8%</i>
Foster Care	5,512	45.1%
Relative Foster Care	4,031	33.0%
Therapeutic Foster Care	631	5.2%
Independent Living	119	1.0
<i>Subtotal of Family Settings</i>	<i>10,293</i>	<i>84.2%</i>
<i>All Children</i>	<i>12,222</i>	<i>100.0%</i>

*Data supplied by OCS. Not independently verified.*

84.2 percent of children in out of home care in New Jersey are living in family settings. Fewer than 2,000 children (15.8 percent of the total) are living in congregate settings.

**Table 6. Permanency Goals for Children in Out-of-Home Care**

<b>Permanency Goals for Children in Out-of-Home Care</b> January 7, 2005		
<i>Goal</i>	<i>Number of Children</i>	<i>Percentage of Children</i>
Reunification	5,266	43.2%
Family Stabilization	825	6.8%
Adoption	3,521	28.9%
Relative Placements	1,070	8.8%
Long Term Foster Care	958	7.9%
Independent Living	311	2.6%
Kinship Legal Guardianship	223	1.8%
Other	5	0.0%
<i>All Children</i>	<i>12,179</i>	<i>100.0%</i>

*Data supplied by OCS. Not independently verified.*

The most common permanency goal is reunification with family. Just under 30 percent of children in out-of-home care have the goal of adoption.

While we do not have complete information on the number of children who left care during 2004 and their discharge destinations, we note that in 2004, more children were adopted through DYFS than in any other previous year. During this monitoring period, 838 children were adopted, bringing the total for the year to 1,383 children being adopted. This is a 36 percent increase over the 1,014 children who were adopted in 2003.

## B. OUTCOME INDICATORS

The purpose of both the Settlement Agreement and *A New Beginning* is to produce better results for children and families. The parties agreed that those results would be defined by eleven outcomes. They also authorized the Panel to designate additional outcomes<sup>4</sup> and to define the specific numerical measures by which each outcome will be tracked over time. This section of the Monitoring Report includes, for most of these outcomes, definitions of the indicators and the baseline data against which future performance will be judged. Baseline data for the remaining items will be available in the near future. The Panel, in consultation with the parties, will establish target levels of performance at a later date.

In most instances the universe of cases to be reviewed consists of “entry cohorts” – that is, all of the children who entered care in a particular time period, typically a calendar year.<sup>5</sup> This methodology is unanimously recommended by the experts consulted, because it provides a view of all the children who experience out-of-home care, not just those who remain in care on a given date. For a few items, the universe consists of “exit cohorts” (all children exiting from care in a similar time period), and in other cases cohort information has been supplemented with data on all children in care at a given point in time.

Lettered items below are the outcomes specified in Section IV of the Settlement Agreement. Numbered and italicized items denote indicators developed by the Panel in order to measure progress towards these outcomes.

### **A. Decrease the length of time in care for children with a goal of reunification.**

### **B. Decrease the length of time in care for children with a goal of adoption.**

---

*Indicator 1: Median length of stay for all children in the most recent available entry cohort.*

Baseline data:

11.5 months was the median length of stay for the 6,990 children entering care in 2002.

*Indicator 2: The probability of a permanency exit (reunification, adoption, or legal guardianship) within 12, 24, and 36 months of entry to care.*

Baseline data:

Of the 5,487 children entering care in 2000,  
37.3% had a permanency exit within 12 months  
48.8% had a permanency exit within 24 months  
56.7% had a permanency exit within 36 months

Of the 6,243 children entering care in 2001,<sup>6</sup>  
36.1% had a permanency exit within 12 months  
49.4% had a permanency exit within 24 months

Of the 6,990 children entering care in 2002,<sup>7</sup>  
35.6% had a permanency exit within 12 months

---

<sup>4</sup> The four outcomes added by the Panel are items L, M, N, and O indicated on subsequent pages.

<sup>5</sup> Cohort data derived from the New Jersey Spell file, base on DYFS SIS data extract through March 2004.

<sup>6</sup> For 2001, not enough time has elapsed to provide data for 36 months out.

<sup>7</sup> For 2002, not enough time has elapsed to provide data for 24 months or 36 months out.

*Indicator 3: Probability of exit to a non-permanent exit type (such as running away or ageing out)*

Baseline data: of the 5,487 children entering care in 2000,  
16.7% had a non-permanent exit within 12 months  
20.6% had a non-permanent exit within 24 months  
22.6% had a non-permanent exit within 36 months

Of the 6,243 children entering care in 2001,  
16.1% had a non-permanent exit within 12 months  
20.8% had a non-permanent exit within 24 months

Of the 6,990 children entering care in 2002,  
15.8% had a non-permanent exit within 12 months

*Indicator 4: Likelihood of achieving permanency for children who have already been in care for a long period of time.*

*An additional indicator, not yet defined, will measure the system's performance in achieving permanency for children who have already been in care for a long period of time.*

---

### **C. Increase the proportion of siblings in foster care who are placed together.**

---

*Indicator 5: The percentage of sibling groups, entering care at the same time, in which all siblings were placed together.<sup>8</sup>*

Baseline data:  
50.6 % of the 1,944 sibling groups entering into care in the period 2000-2002 had all siblings placed together.

*Indicator 6: The percentage of children in sibling groups, currently in care, in which all siblings are placed together.*

Baseline data:  
On July 2, 2004, 51.7% of families with multiple children in placement had all of the siblings placed together.<sup>9</sup>

---

<sup>8</sup> These indicators will be broken down to show the differences between smaller sibling groups (3 or fewer) where 54.5 percent and larger groups (4 or more) where 23.4 percent of siblings are placed together respectively.

<sup>9</sup> Point in time data come from DAR-SISQ-19 prepared by the DYFS Data Analysis and Reporting Unit.

**D. Increase the proportion of children in foster care who are appropriately placed with relatives.<sup>10</sup>**

---

*Indicator 7: The percentage of children entering care whose first placement<sup>11</sup> was with a relative, for the most recent entry cohort.*

Baseline data:

41.6% of the 8,098 children entering care in 2003 were first placed with a relative.

**E. Increase the proportion of children in foster care who are placed in their home neighborhoods.<sup>12</sup>**

---

*Indicator 8: The percentage of children entering care whose first placement was within ten miles of their home.*

Baseline data:

58.3% of the 11,072 children entering care<sup>13</sup> in the period 2002-2003 were first placed within ten miles of their home.

*Indicator 9: The percentage of children entering care whose first placement was in the same county as their home (for children from rural areas) or the same city as their home (for children from urban areas).*

Baseline data:

46.5% of the 5,372 children entering care in 2002 & 2003 from the ten largest urban areas in New Jersey were first placed in the same city.<sup>14</sup>

51.3% of the 8,676 children entering care in 2002 & 2003 from the balance of the State were first placed in the same county.

---

<sup>10</sup> We will use breakdowns of some of the other variables to address the question of appropriateness; for example, we will examine levels of placement stability and rates of abuse and neglect in relative homes compared to those in other foster homes. We may add data drawn from qualitative reviews at a later date.

<sup>11</sup> For this indicator, “first placement” will be defined to include children who were moved to a placement with a relative within seven days after an initial placement with a stranger or in congregate care.

<sup>12</sup> All of this data will be broken down by level of care, so we can distinguish the experience of children being placed with foster families from that of children going to congregate settings.

<sup>13</sup> These data are only for children with addresses that could be geocoded, or 73 percent of children entering into care in 2002 and 2003.

<sup>14</sup> In 2002 and 2003 the urban areas from most children placed to least are Newark, Camden, Jersey City, Trenton, Paterson, East Orange, Elizabeth, Irvington, Atlantic City, and Asbury park. In that time period a total of 14,048 children entered into out-of-home care with 5,372 children coming from these 10 cities with 8,676 children coming from the rest of the state.

*Indicator 10: The percentage of children entering care whose first placement allowed for continuity in their schooling.*

Baseline data:

Not yet available, and in need of further definition to ensure that we can capture the extent to which children entering care are able to remain in their own school, not just in the same school district.

---

## **F. Decrease the incidence of abuse and neglect in out-of-home care.**

---

*Indicator 11: The percentage of children in out-of-home care who experience a substantiated instance of abuse or neglect during the reporting period (i.e. a calendar year).<sup>15</sup>*

Baseline data:

2.0% (or 239 children with a substantiated report) of the average daily population of children of 11, 688 children in out of home care in 2003 were the subject of a substantiated report of abuse or neglect.

---

## **G. Decrease the proportion of children in out-of-home care who are placed in congregate settings.**

---

*Indicator 12: The percentage of children (by entry cohort) whose predominant placement<sup>16</sup> was in a congregate setting.*

Baseline data:

22.7% of the 8,098 children entering into care in 2003 were predominantly placed in a congregate setting.<sup>17</sup>

*Indicator 13: The percentage of children currently in care whose current placement is in a congregate setting.*

Baseline data: 15.2% (or 1,970 children) in out of home care on July 2, 2004 were placed in a congregate setting.<sup>18</sup>

*Indicator 14: The percentage of children (by entry cohort) whose initial placement was in shelter care.*

Baseline data:

12.8% of the 8,098 children entering into care in 2003 were initially placed in a shelter setting.

---

<sup>15</sup> This indicator counts all substantiated abuse or neglect during an out-of-home care episode, including the relatively small number of incidents perpetrated by the parent on a home visit or prior abuse reported after entry.

<sup>16</sup> "Predominant placement" is the setting in which the child has spent the largest part of her placement experience.

<sup>17</sup> These indicators will be broken down by age group, so we can separately examine the experience of children 12 and under (where 5.5 percent) and children 13 or older (where 50.1 percent) are predominantly placed in a congregate setting.

<sup>18</sup> Placement settings include residential, group home, shelter, and public institutions. Source Data: DAR SISQ-20.

## **H. Decrease the average number of placement moves experienced by children while in out-of-home care.**

---

*Indicator 15: The percentage of children (by entry cohort) who have experienced two or more placement moves.*

Baseline data:

17.3% of the 13,216 children entering into care in the period 2001-2002 have experienced two or more placement moves.<sup>19</sup>

*Indicator 16: The percentage of children currently in care who have experienced two or more placement moves.*

Current data is not yet available.

## **I. Increase the proportion of children in care, and their families, who receive the services they need.**

---

This outcome can only be measured through a qualitative review process. Consultants with experience in Quality Service Reviews (QSRs) will work with the Panel and OCS staff to develop this process in New Jersey. A tool will be piloted during the next monitoring period and implemented in the four Phase I areas during the second half of 2005. Baseline data will be included in the Panel's third monitoring report.

## **J. Decrease the rate of re-entries into out-of-home care.**

---

*Indicator 17: The percentage of children (by exit cohort) who have returned to care within twelve months of exit.*

Baseline data:

30.3% of the 4,724 children who exited care in 2002 (not including children who were adopted or youth who aged out) returned to care within twelve months of exit.

## **K. Reduce the number of adoptive and pre-adoptive placements that disrupt.**

---

We do not yet have a reliable source of data for this information and will develop indicators and a methodology for obtaining the data at a later date.

---

<sup>19</sup> As of June 30, 2004 19.3 percent of children entering in 2001 and 29.5 percent of children entering in 2002 remained in care, so they may experience additional placement moves. However, in practice most moves occur relatively early during a child's stay.

## **L. Reduce the proportion of children entering out-of-home care.**

---

*Indicator 18: The number of children entering care per 1,000 children in the general population.*

Baseline data:

3.8 children per 1,000 in the general population of just over 2.1 million children in New Jersey entered into care in 2003.

*Indicator 19: The number of children entering care per 1,000 children, in those communities from which placement rates have historically been highest.*

Table 7. Baseline data of City and County Entry Rates

<b>Cities &amp; Counties Where the Entry Rate in 2003 was greater than twice the Statewide Average of 3.8 children per 1,000.</b>		
<i>Cities</i>	<i>Percentage of State Population in City/County</i>	<i>Entry rate per 1,000 children</i>
Asbury Park (Monmouth)	0.2%	17.9
Camden (Camden)	0.5%	13.7
Atlantic City (Atlantic)	1.3%	12.3
Newark (Essex)	3.7%	11.1
Trenton (Mercer)	1.1%	11.0
<i>Counties</i>		
Salem	0.8%	10.6
Cape May	1.1%	9.6
Cumberland	1.7%	8.0

*Data supplied by OCS. Not independently verified.*

## **M. Reduce the recurrence of maltreatment for children who have been abused or neglected.**<sup>20</sup>

---

*Indicator 20: The percentage of children with substantiated allegations of abuse or neglect in the most recent year (who do not enter out-of-home care) who have a second substantiated case within twelve months.*

Baseline Data:

9.5% of 6,004 children with a substantiated allegation of abuse or neglect in 2002 who did not enter into out-of-home care had a next substantiated case within twelve months.

---

<sup>20</sup> During this time period the State had three findings of abuse and neglect including substantiation, unfounded, and unsubstantiated. Current and future practice will indicate only two categories, substantiation and unfounded.

*Indicator 21: The percentage of children with an unsubstantiated allegation of abuse or neglect in the most recent year who have a new, substantiated allegation within the following twelve months.*

Baseline Data:

4.8% of the 26,747 children with an unsubstantiated allegation of abuse or neglect in 2002 had a subsequent substantiated allegation within the following twelve months.

*Indicator 22: The percentage of children who have a substantiated allegation of abuse or neglect within twelve months of exit from out-of-home care to reunification with parent(s) or relative(s).*

Baseline Data:

5.1% of the 3,176 children exiting from out-of-home care to reunification with parent(s) or relative(s) in 2002 had a subsequent substantiated allegation of abuse or neglect within twelve months of exit.

#### **N. Improve outcomes for African-American and Hispanic children in New Jersey's child welfare system.**

---

These indicators address disproportionality in rates of entry into out-of-home care; median length of stay in out-of-home care; the likelihood of a permanency exit from out-of-home care; and the likelihood of re-entry into out-of-home care after discharge.

*Indicator 23: Rates of Entry into out of home care (Outcome L) by Race and Ethnicity*

Table 8. Baseline Data of Rates of Entry by Race and Ethnicity

<i>Race &amp; ethnicity of child</i>	<i>Entry rate per 1,000 children</i>	<i>Rate of entry compared to White children</i>
African-American	11.3	5.9 times as likely
Hispanic/Latino	3.8	2.0 times as likely
White	1.9	--
All Children	3.8	--

*Data supplied by OCS. Not independently verified.*

*Indicator 24. Median Length of Stay in months (Outcome AB) By Race and Ethnicity*

Table 9. Baseline data of Median Length of Stay by Race and Ethnicity

<i>Race &amp; ethnicity of child in placement</i>	<i>Number of Children</i>	<i>Median Length of Stay in months</i>	<i>Median length of stay compared to White children</i>
African-American	3,710	14.6	53.7% longer
Hispanic/Latino	1,101	8.1	--
White	1,825	9.5	--
Other	354	7.9	--
All children	6,990	11.5	--

*Data supplied by OCS. Not independently verified.*

*Indicator 25: Probability of a permanency exit within 24 months of entry to care (Outcome AB) by Race & Ethnicity*

Table 10. Baseline Data for Probability of Permanency Exit by Race and Ethnicity

<i>Race and Ethnicity</i>	<i>Probability of Permanency Exit Within 24 Months</i>	<i>Probability of a permanent exit within 24 months compared to White children</i>
African-American	44.4%	19.6% less likely
Hispanic/Latino	53.6%	2.9% less likely
White	55.2%	--
Other	47.4%	--
All Children	48.8%	--

*Data supplied by OCS. Not independently verified.*

*Indicator 26: Likelihood of Reentry into out of home care after discharge (Outcome J) by race & ethnicity*

Table 11. Baseline Data for Likelihood of Reentry by Race and Ethnicity

<i>Race &amp; ethnicity</i>	<i>Total Exits</i>	<i>Reentry w/in 12 months</i>	<i>Percentage of exiters who re-enter</i>	<i>Rate of re-entry compared to White children</i>
African-American	2,354	763	32.4%	23.6% greater
Hispanic/Latino	788	240	30.5%	16.4% greater
White	1,326	347	26.2%	--
Other	256	80	31.3%	--
All Children	4,724	1,430	30.3%	--

*Data supplied by OCS. Not independently verified.*

**O. Increase the likelihood that youth leaving care at age 18 or older have adequate preparation and support.**

---

The Panel will develop specific indicators, which will likely include the percentage of youth in this category who have a high school diploma or equivalent; who have a job or are in enrolled in a higher education program at the time of discharge; and who have stable housing and medical care at the time of discharge.

---

## **PART V. PERFORMANCE ON STRATEGIES**

### *Judgments Regarding Each Area of Reform*

---

#### **A. KEEPING CHILDREN SAFE**

---

##### **BACKGROUND AND MAJOR CONCLUSIONS**

---

In developing *A New Beginning*, New Jersey committed to keeping children safe and acting swiftly when safety is endangered. To reach these goals, New Jersey made three commitments. First, New Jersey pledged to “create a centralized hotline with dedicated staff,” operating around the clock, to answer calls quickly, professionally, and consistently. Second it committed to “rapidly transmit” accepted reports of maltreatment for swift and thorough investigation. Third, New Jersey decided to implement Structured Decision Making (SDM), a set of tools designed to assist workers and supervisors in reaching more consistent decisions about maltreatment and required interventions.

In the first monitoring period, New Jersey made some progress in this area. The State successfully opened SCR, the centralized hotline for receipt of child abuse and neglect allegations, in July 2004—two months earlier than originally scheduled. Non-English speaking reporters are aided by bilingual staff or an interpretation service available to screeners 24 hours a day. Policies and procedures for decision making at SCR and in the field regarding child safety and risk have been refined, created, and, in some areas, implemented through training. Systems are in place to track reports of maltreatment and investigations. Several months of start up problems, however, impeded efficient and effective operations and information reporting. Recently, OCS implemented a series of corrective actions and SCR performance is improving. Much work remains to assure calls are being properly screened and promptly transmitted to the field. New Jersey is still far from its goals in several critical areas: initiating investigations within 24 hours of case assignment, completing investigations within 60 days, and regularly assessing the safety and risks to children who remain in their own homes as well as those placed in alternative care settings.

---

##### **REFORM STRATEGIES AND PERFORMANCE**

---

###### **1. Create a centralized child abuse hotline, responsive to reports 24 hours per day, 7 days per week.**

Centralizing the reporting mechanism to ensure consistent, high-quality responses to every call was an early priority for OCS. As such, they committed that by September 2004 they would: (i) create and publicize a centralized hotline number and redirect previously publicized child abuse reporting numbers to the centralized hotline; and (ii) deploy sufficient resources (bilingual staff, interpreters, and TTY technology) to address language barriers in the reporting of suspected child abuse or neglect. OCS met this commitment ahead of schedule on July 1, 2004 when SCR began operating. The Panel completed a targeted review of SCR operations in December 2004 with a follow-up visit on February 1, 2005. A full report on the results of our observations, analysis of written policies and procedures, staff interviews, and data review is included as Appendix 1. In summary, the Panel’s review identified problems related to staffing levels and training, screening procedures, and the timely and accurate transmission of reports to local offices. Many of these issues were also raised in the Association for Children of New Jersey’s Report, *Are Children Safer? New Process Uses Points to Decide (Fall 2004)*. For further discussion of these challenges see the sections on *Culture and Workforce*, *Safety*, and *Infrastructure*, respectively. The State recognized that its initial actions were not sufficient and a fuller corrective action approach has been

put into place. Other implemented and planned changes at the SCR—including multiple strategies for reviewing screening quality—give us reason to be encouraged about future progress at SCR and, more generally, about OCS’s capacity for self-correction once issues become a priority.

## **2. Revise and adopt policies regarding safety, risk, and involvement with child protective services.**

---

A consistent response to allegations of child abuse and neglect is critical to an effective, ethical child welfare system. In this regard, New Jersey committed to four actions during this monitoring period: (i) revise and adopt policies to define child abuse and neglect and to refer for investigation all reports and only reports that would meet the definition if proven true; (ii) revise and adopt policies regarding the standards for child abuse and neglect findings, eliminating the “unsubstantiated” category and concluding an investigation only once the report is either “substantiated” or “unfounded”; (iii) revise and adopt policies to include comprehensive screening and investigative standards and protocols; and (iv) revise and adopt policies to refer families and children at risk of child welfare involvement but who, based on a report or investigation, do not meet the threshold for substantiated child abuse or neglect to other government or community agencies for follow-up and supportive services.

Extensive policies governing the SCR have been in effect since July 2004. These policies include criteria for what allegations should be accepted for child abuse and neglect investigations as well as the timelines on which a response is required. They are appropriately aimed at focusing screeners on the judgment, “if what the caller says is true, would this constitute child abuse or neglect?” The “Allegation-Based System” provides clear definitions for types of maltreatment (both abuse and neglect) that meet the criteria for acceptance for further investigation. The circumstances in which calls should lead to “child welfare assessments” are not well defined and require more work. DYFS leadership acknowledged these limitations and sought technical assistance for improving the guidance in this area. They started in October 2004 to explore how other states define this category of calls and the work is on-going.

The child welfare assessment policy is stronger in defining a process for referring child welfare assessment cases, once identified, to community-based partners for follow up than identification of the cases. However, the capacity for community case management has yet to be established. Until those resources are in place, DYFS workers are responsible for completing child welfare assessments and for providing ongoing services to families who need help. Please see our discussion in Appendix 1 regarding our review of the procedures in place to support decision-making by screeners. Also see the section on *Culture and Workforce*.

Finally, an amendment to New Jersey State Regulations dated January 2005 eliminated the “unsubstantiated” category for child abuse and neglect investigations. Although this change will not be officially effective until April 2005, OCS policy since July 1, 2004 only allows investigations to be concluded as either “substantiated” or “unfounded.”

## **3. Screen and, when merited, investigate reports of child abuse and neglect professionally, thoroughly, and, with appropriate urgency.**

---

When OCS learns of a child at risk of abuse or neglect, a moment both of crisis and of opportunity is presented. A quick response allows New Jersey not only to meet that child’s immediate safety needs, but also to reach out to the family at a time when they are most in need and, potentially, most amenable to support. During this monitoring period, OCS committed to deploy and automated system to transmit and

track reports and investigations, including timeliness of responses and results. We have divided this discussion into three parts: (i) staffing investigations; (ii) commencing investigations; and (iii) completing investigations. Screening calls and tracking reports are discussed in detail in Appendix 1.

Regarding staffing investigations, an important element of New Jersey's plan to strengthen protective services was separating the investigative function from ongoing service provision, so protective workers could focus solely on investigations and respond to reports more quickly. Early in the fall, most district offices designated caseworkers as investigators for protective service cases. In many instances, however, these workers are also still responsible for ongoing work with children and families who were on their caseloads when they transferred to their new protective services jobs. Until protective and permanency functions are fully separated, staff members will not have the manageable caseloads which will allow them to routinely conduct timely, high quality investigations.

Regarding commencing investigations, data supplied by OCS reveals a great deal of improvement will be needed, in both performance and data tracking, for the State to meet its goal that 95 percent of children have private, in-person interviews within 24 hours of a report. Data show that, from July through September of 2004, 34 percent of children in abuse/neglect investigations were seen by a protective worker within 24 hours of the time the case was assigned. This statistic most likely reflects incomplete or improper data collection as well as situations in which investigations were not begun in a timely fashion. However, without reliable data, the State can not effectively manage or improve its performance. In addition, we have two concerns about how performance is measured. First, under the State's current definitions, the clock begins at the time a case is assigned at the local office. A better measurement of the state's timeliness would start the clock at the time the allegation is received at SCR. Moreover, "good faith efforts" to make contact with a child in the first 24 hours are considered equivalent to actually seeing the child. This is not equivalent and should not be counted as such.

Regarding completion of investigations, substantial improvement will be needed to reach the goal of 95 percent of investigations being completed within 60 days. From July through September 2004, 56.2 percent of investigations were recorded as being completed within 60 days of assignment to a protective worker. New Jersey has not provided data on the outcomes of these investigations, i.e. how many were substantiated and how many were unfounded.

#### **4. Effectively investigate and appropriately remediate abuse or neglect in resource family or congregate care settings.**

---

The Institutional Abuse Investigations Unit (IAIU) is responsible for investigating allegations that a child in out-of-home placement is unsafe or at risk. In *A New Beginning*, New Jersey committed to developing a plan to strengthen IAIU's work, including moving it to OCS and with particular attention to improving coordination between the unit and the rest of the Department. This plan is due in March 2005. A recent analysis of IAIU's operations by the Office of the Child Advocate has raised serious issues concerning this unit. In response, DHS is developing a corrective action plan, which must also be incorporated into the larger IAIU plan.

#### **5. Routinely and consistently assess children's safety and exposure to risks and take appropriate action to remediate.**

---

In order to routinely and consistently assess safety and risk, New Jersey committed that during this monitoring period, it would: (i) deploy tools and routinely have investigators and permanency workers

use them to assess the safety and risk of children living in their own homes; (ii) deploy tools and routinely have permanency workers and resource family support workers use them to assess the safety and risk of children in placement; and (iii) assign resource family support workers the responsibility of using the tool to assess safety and risk in resource family homes when they add the home to their caseload. In *A New Beginning*, New Jersey committed to assess safety and risk: (a) on a regular basis, when children are still in their own homes but their families are being overseen by the State because of safety risks; (b) on a regular basis, when children are placed in an out-of-home setting and the State is responsible for ensuring that that setting is safe; and (c) whenever a case is to be closed.

The State has only partially implemented the tools related to the first of these commitments. For children living with their birth families, two tools from SDM are to be used during an investigation—the Safety Assessment and the Risk Assessment. The Safety Assessment gauges the immediate child safety issues while the Risk Assessment attempts to evaluate likelihood the child will become unsafe given the risks presented. Based on the most recent available data, 68 percent of investigations that reached closure during October 2004 had a recorded Safety Assessment. During that same month, 48 percent of closed investigations included a Risk Assessment.

For children in out-of-home care, the State made good progress toward this commitment with its extensive “safety reviews” and “placement assessments” conducted over the past eighteen months. During this process, the State substantially improved the tools used by workers to evaluate not only safety and risk, but also placement stability, permanency, and child well-being. The tools were designed for the worker and caregiver to jointly develop a plan for securing services and supports to meet the caregiver and child’s needs. Now that the placement assessment process is over, all workers are not routinely using these improved tools. The State has informed us that it plans to fully deploy these tools within the next several months, and we will re-visit this issue in our next monitoring report. Further information about the Placement Assessment process is included in Appendix 3.

## NEXT STEPS

---

- 1) Train screeners to routinely use a standardized decision making and information collection tool while taking abuse and neglect reports from callers.
- 2) Develop more detailed criteria for referrals requiring child welfare assessments, to help screeners more clearly differentiate these from alleged abuse or neglect on one hand or cases requiring only information and referral on the other.
- 3) Develop a mechanism by which callers – especially mandated reporters – can easily access supervisory review if they believe that a referral is being inappropriately screened out.
- 4) Track separately the percentage of cases in which (a) children are actually contacted and interviewed within required timeframes and (b) workers make good faith efforts to contact the children but are unable to do so.
- 5) Include training on family engagement and assessment skills in the training of protective workers, both new workers and those who already gone through the current training curriculum.
- 6) Develop and implement a corrective action plan for IAIU.
- 7) Obtain and install a taping system for supervisory and quality improvement review of calls to the SCR and develop a plan for immediate analysis.
- 8) Continue to monitor and reassess the performance of the SCR, based on internal supervisory reviews, CQI activities, and the work of the outside consultants evaluating “screened out” calls.

## **B. PLACING CHILDREN WHO NEED OUT-OF-HOME SETTINGS**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

OCS must make critical decisions about when children cannot remain safe in their own homes and where those children will live while they are away from their birth parents. In *A New Beginning*, New Jersey recognized that families were not involved in placement decisions, children were waiting too long for appropriate placements, and the lack of planning and the lack of placement resources left children in inappropriate settings. *A New Beginning* strives to create a respectful, culturally sensitive response to families and children in situations where children must be removed from their homes to assure their safety. Commitments include placing the child in the least restrictive placement available, doing everything possible to reduce the trauma of the placement experience, and maintaining children's connections, particularly by placing them with siblings and extended family whenever possible.

New Jersey has made progress in this area. After several revisions, it has produced a placement plan that sets the foundation for a placement process consistent with the central values of the reform. It is also working hard to reduce trauma children experience at the time of removal by identifying alternative settings for children so they do not wait in child welfare offices or receive pre-placement physicals in the emergency room. Finally, it has revised its policies regarding kinship caregivers to better support practice and the kin resource families in this area. We recommend additional steps with regard to each of the strategies related to this area.

### **REFORM STRATEGIES AND PERFORMANCE**

---

#### **1. Develop a process for making timely, appropriate placements of children who need out-of-home care.**

---

New Jersey committed to two actions related to this strategy by the end of December 2004: (i) develop a plan subject to Panel review and approval, describing the process by which placement decisions will be made; and (ii) deploy a common tool and procedure to be used in assessing children and matching them to appropriate placement settings, including families, therapeutic homes, and congregate care facilities, whether managed by child welfare or children's behavioral health.

New Jersey submitted a proposed plan on time at the end of September 2004. Upon review, the Panel requested that New Jersey revise the plan. The revised plan is built around and is consistent with the central values of the reform, including family involvement in decision making, maintenance of children's familial and community connections, and placement with families whenever safely possible. For children whose out-of-home placement will be a resource family, the plan describes logical processes and staff roles that, if fully implemented, are likely to produce timely, appropriate placements. Particularly strong thought was given to including the "human element" in the placement process, so that the worker who has had the opportunity to know the child, however brief it may be, is involved in selecting the most appropriate resource family. The plan also rightly relies on other reform strategies, including the implementation of Family Team Meetings, inclusion of birth parents and relatives in decision-making, deployment of consistent assessment tools, recruitment of additional resource families, and development of resource family units that contain resource family support workers who know the local resource parents.

The plan nonetheless will not be complete until New Jersey provides supplemental information in four areas. First, New Jersey needs an interim strategy for placements made outside the Family Team Meeting

process. While New Jersey has put considerable thought into placements that will occur via Family Team Meetings and plans to launch this process in its four Phase I offices this spring, the majority of placements in the near-term will be made without a Family Team Meeting. New Jersey must specify how workers, in the interim, will be supported to make these decisions and, when possible, involve birth families. Second, given that the connection between DYFS and DCBHS has not historically been strong, the plan needs to be supplemented with a strategy for better integrating placements when both systems are involved. Specifically, DYFS children who need therapeutic placements may wait days or weeks for space in an appropriate DCBHS setting to become available. After spending time in a therapeutic setting, a child may wait again while DCBHS goes back to DYFS to find an appropriate resource family placement. Integration is also important because DCBHS' in-community services are available to keep DYFS' family placements from disrupting.

Third, the Placement Plan must consider how it will assess children's strengths and needs. While New Jersey has requested and received Panel approval to extend their time period for developing an assessment process, as discussed in the section on *Achieving Permanency for Children*, the placement plan must incorporate the development and implementation of this process. Finally, the Plan must describe how the assessment will be used with, or relates to, a placement matching process. Presently, as described in greater detail in the section on *Resource Families*, OCS is not prepared to create the systems they need to maintain assessment and matching information about families.

One additional point requires discussion. The Panel is seriously concerned by what appears to be a continued reliance on placing children in shelters as a fall-back strategy in the placement plan. We recognize that complete elimination of shelter care is not a realistic option until more resource families can be developed. We believe, however, that enough homes are already available that young children can be placed directly into families. We also expect, as discussed in more detail in the section on *Reducing Inappropriate Reliance on Institutional Settings*, that the use of shelter care will continue to decrease so that, over time, shelters will no longer be needed as a placement resource for any DYFS youth. These concerns must be resolved for the Placement Plan to be complete.

## **2. Reduce the number and type of experiences during removal from home that contribute child trauma.**

---

OCS identified several circumstances that can contribute to the trauma children experience when separated from their caregivers and committed to three actions in this monitoring period: (i) provide child care, transportation to school and/or after-school programming to prevent children from waiting in child welfare offices; (ii) ensure children are not seen in emergency rooms for their pre-placement examinations unless medically necessary; and (iii) revise and adopt policies designed to reduce trauma during removals.

First, New Jersey has worked hard to ensure that children no longer typically wait in DYFS offices while a placement is arranged. The State developed contracts for child care, transportation to school, and after school care. It has not provided the Panel with information on the number of contracts, the nature of contractors' responsibilities, the populations of children they serve, or their locations throughout the state. Our site visits and discussions with front-line workers suggested that the contracted services are generally effective during the day. New Jersey has kept a log of children awaiting placement in district offices which similarly describes diligent efforts on the part of workers to locate alternate settings for children during the daytime hours. Children who need placements in the evenings, however, are still spending time in offices, as are adolescents whose need for placement may relate to trouble in or expulsion from school. We have also learned that while children awaiting placement are transported to school, children

who are placed in temporary settings such as shelters may not attend school—particularly if their temporary placement setting is in a different county from their home school district.

Second, New Jersey has presented data that suggests that the number of children who received their pre-placement exam in emergency rooms has decreased. While we have some concerns with the data because it has been kept by hand and not all offices reported consistently, it appears that New Jersey's use of additional nursing staff in DYFS offices, identification of community-based providers, and increased payments for medical exams have helped reduce the frequency of pre-placement examinations in emergency rooms during regular business hours. The availability of appropriate medical facilities has been more challenging in the evenings, on weekends, and during holidays. The limited data available suggest that most children placed during these periods must still have their medical exams done in an emergency room. New strategies will be needed to reduce the trauma these children experience.

Finally, New Jersey also committed to a longer-term strategy of changing policies and practices to further reduce trauma to children. The Field Operations Casework Policy and Procedures Manual was revised, to always use a "buddy" system by which two workers go together to on removal cases in order to ensure constant support of the child. The policies also include a requirement that the investigator or permanency worker assigned to the child bring him or her to the resource family's home or congregate care setting to help with the transition; guidance about gathering children's belongings, medical records, and school records; and description of what is to be communicated with the child, birth parent, and resource parent at the time of placement, include review of the "placement kit" with the caregiver before leaving the child.

Over the next year, turning these policies into practice will require training supervisory and frontline staff. Although the placement plan described the need for core worker training to help workers appreciate the emotional upheaval children experience, the materials included in the 10-day Child Protection Specialist training curriculum did not include guidance or skill building to help reduce the trauma of separation and loss during placement.

### **3. Identify, license, and support appropriate relative caregivers as the first resource for placing children.**

---

Since the Relative Care Program was launched in 2002, New Jersey has dramatically increased the number of children placed in the care of kin or family friends, rather than into the homes of unfamiliar foster families. Because practices have changed quickly, *A New Beginning* recognized the need to formalize policies about working effectively with kinship caregivers. In this regard, New Jersey committed to revise and adopt its policies by the end of December 2004. OCS has accomplished this task; its newly published policy includes guidance on working with maternal and paternal relatives; talking with birth parents about relatives who could serve as placement resources, even during an emergency removal; including relatives in Family Team Meetings related to placement decision-making; identifying relatives who might serve as placement resources, even when placement is not imminently necessary; and talking with relative caregivers early in their involvement about their ability to provide permanency, if needed, via adoption or guardianship.

OCS has also committed to licensing all relative caregivers beginning July 1, 2005—a strategy which will provide relatives greater access to financial and other supports, and provide the state with greater confidence in the safety of placements. Policies will need to be further modified over the next six months to include additional guidance on emergency clearance/presumptive eligibility procedures, to ensure that licensing does not create a barrier to placing children with appropriate relatives in emergency situations.

## **NEXT STEPS**

---

- 1) As part of the requirements for NJ Spirit Release II, define the information that is needed to appropriately start the matching process for children in need of placement. This task could be an opportunity to form a work group that includes resource parents, front-line staff, and placement facilitators, to incorporate their insight into placement needs.
- 2) Build placement issues—especially identifying kin resources and minimizing trauma—into the training curriculum for protective workers.
- 3) Assign placement facilitators responsibility for all child welfare placements, including those that involve the children's behavioral health system, and clarify and formalize how the facilitators will interact with ValueOptions (the entity contracted by New Jersey to manage its behavioral healthcare program) and the local DCBHS team leaders so they can quickly and appropriately access the placements they need
- 4) Create a leadership role with regard to relative care issues, preferably vested in an individual with broader responsibility for overseeing work related to resource families.

## C. ACHIEVING PERMANENCY FOR CHILDREN

### BACKGROUND AND MAJOR CONCLUSIONS

---

New Jersey wants all children to have safe and permanent living arrangements that provide for their well being within a family, whether their biological family or an adoptive family. Achievement of the State's goal of achieving timely permanency was hindered by discontinuity in case management, exclusion of families from decision-making about their own cases, insufficient individualized assessment and service planning, and infrequent contact between children, families, and workers. *A New Beginning* recognized the value of including families as partners in decision-making; helping them access informal and formal supports in their communities; promoting frequent family visitation in comfortable settings to facilitate continued family connections and family relationship building for successful reunification; and improving the quality, rapidity, and support of adoptions.

During this monitoring period, the State focused on implementation planning and policy revisions. These activities will be foundational to the new, emerging practice model in New Jersey. As such, they have required and will continue to require much attention from leadership. They also have challenged OCS to clarify and integrate practice across its three divisions. While many "first steps" have been taken regarding the structure of case management, use of Family Team Meetings, processes for functional assessment, a great deal of work and clarification remains—particularly as these complex changes begin to roll-out to the field.

### REFORM STRATEGIES AND PERFORMANCE

---

#### **1. Structure case management and related supports so as to provide children and family with continuity in their relationship with their worker.**

---

*A New Beginning* envisioned a different structure of case management, in which one worker maintained a continuous relationship with a family from the time a protective services investigation is completed until the case can be closed. In this model, "specialist" support would be supplied to the permanency worker in a team approach, while the permanency worker remained the case manager. As discussed in the section on *Safety*, New Jersey has made progress in designating separate investigative staff so that permanency workers can attend fully to the needs of their clients. They have also designated and begun assigning staff to specialist roles, particularly in the area of adoption.

In this first monitoring period, New Jersey committed to the goal of providing an active caseworker, continuing case management coverage during personal/medical leaves, through case transfers, and following attrition. The Panel did not expect that "one family, one worker" could become a reality by this early stage of the reform process; in fact, in the short run some children may be more likely to experience discontinuity as experienced workers are promoted or transferred, new caseworkers begin building a caseload, and cases are assigned geographically. During our site visits, some staff did indicate that some cases had been transferred multiple times in an effort to balance caseloads. As New Jersey continues to devote resources to caseload reduction, they must ensure that every case is covered by an active case worker.

## **2. Engage families, children, and resource families as partners in decision-making, identifying their own strengths, needs, and goals through the use of Family Team Meetings.**

---

*A New Beginning* explains, “We want to support families as the architects of their own destinies. ...the primary tool we will utilize to embed this orientation into our practice will be regular use of Family Team Meetings.” As a first step, New Jersey committed to developing by September 2004 a detailed implementation plan for Family Team Meetings that would guide the State’s staffing, training, and roll-out of Family Team Meetings during 2005 and beyond.

Although OCS is moving forward toward this goal, it did not make the amount of progress expected by the Panel during this monitoring period. The initial Family Team Meeting implementation plan lacked focus on the desired outcomes, did not include case practice principles or the role of Family Team Meetings in achieving them, and was not integrated or consistent with other reform strategies—particularly those related to the placement process. More recently, New Jersey has devoted additional attention to planning the roll-out of Family Team Meetings, and has developed a revised plan. They have sought the assistance of Child Welfare Policy and Practice Group to define a detailed training, coaching, and evaluation plan, including description of how the initial facilitators will become prepared to hold Family Team Meetings over the next several months. Initial training and coaching has now begun.

New Jersey benefits from the experience and involvement of these consultants, but greater attention to Family Team Meetings across OCS is needed to successfully cause a fundamental shift in practice, as the State originally contemplated. Many decisions—including the integration of DCBHS’ Family Team Meeting model; the training and inclusion of extended family, community members, resource families, and provider agencies; and the process and tools for facilitating meetings—are yet to be made.

In initial capacity building efforts, New Jersey has identified 58 experienced case workers to be trained as facilitators. However, these individuals, as discussed in greater detail in the section on *Developing the Necessary Culture and Workforce*, continue to have other critical responsibilities that support practice improvement at the local level.

## **3. Efficiently and effectively assess child and family needs and strengths.**

---

In developing *A New Beginning*, New Jersey committed to simplifying, streamlining, and integrating a functional assessment processes—such that every interaction with a family or child becomes an opportunity to further understanding and contribute to service planning and decision making. During this monitoring period, they set an ambitious goal to define a functional assessment process as well as to deploy related tools and policies.

The State has taken some good first steps in meeting this commitment, but the work is not complete and the plans and timeframes for completion are not yet clearly established. OCS began working on an assessment process that helps integrates services for the children and families it serves. Staff from each of the three divisions have come together to create a case flow diagram that identifies what assessment forms are to be completed at specific points in the life of a case. The divisions have committed to unifying their approach by selecting modules of the Information Management and Decision Support (IMDS) tool currently deployed within DCBHS to be used in DYFS cases as well. Used throughout the divisions, IMDS could provide a useful framework for collecting information about children and family’s strengths and needs. We need greater clarity, however, about the proposed timeline for deploying IMDS tools to DYFS. Because this tool will replace the strengths and needs assessment portion of the Structured

Decision Making tools, which was deployed over the summer of 2004, OCS, requested a modified timeline for deploying its assessment tool. However, two different timeframes have been shared with us. We have been told both that the tools will be fully deployed over the next six months (January to June, 2005) and that the tools will only come into use with Release II of NJ SPIRIT in late 2005. In addition, neither of these timelines includes plans for skill-building or training opportunities, which staff will need to understand that assessment is more than a tool or form, it is a skill set that is supported by good record-keeping systems.

This is an excellent example of the kind of coordination activities that are required to more fully integrate functions and divisions of OCS. We applaud New Jersey's recognition of the need for integration as well as their willingness to request extended timeframes in the interest of doing higher-quality work. The Panel encourages New Jersey to continue work in this area, to ensure they present consistent information about how the assessment process will work in practice. This will require clarity about how results generated by the assessment tools will be used by family teams, how informal opportunities such as visitation and home visits will contribute to assessments, and how assessment tools will be used after initial entry into a particular placement or level of care to help make strong decisions about movement to lower levels of care, reunification, or adoption.

---

#### **4. Support individualized, tailored service planning with families.**

---

*A New Beginning* recognized that every family has different strengths, needs, supports, and preferences. Existing service planning tools were structured to gather information that the State needed for eligibility clearances and court requirements, but were of little use in engaging families to plan, record, track, and adapt their individualized plans. As of the end of the monitoring period, OCS has not fulfilled its commitment to deploy a new individualized service plan format to better facilitate families' and children's involvement in service planning. Presently, at least four distinct service planning formats—the oldest of which dates back to 1995—are currently in use in New Jersey. They have not been revised for easy use in Family Team Meetings, nor are they aligned with the functional assessment plan discussed above, such that identified strengths and needs become the basis for the family's service planning.

Full deployment of a new service planning format during the first six months of reform was an ambitious goal, and the Panel recognizes that New Jersey may need additional time to accomplish this objective. We are most concerned that OCS materials submitted to the Panel suggest that existing tools, accompanied by a policy that defines the family's role in service planning as "proposing modifications," are sufficient to support the reform plan's commitment to individually tailored, participatory, and adaptive service planning. The Panel will require New Jersey to revisit this decision while they continue their work to develop the functional assessment process.

---

#### **5. Provide flexible funding to meet the unique needs of children, birth families, and resource families.**

---

Family Team Meetings, functional assessments, and individualized service planning are only useful if OCS has the capacity to follow up with services. In many instances, flexible funding—rather than traditional social service contracts—will be necessary to meet the unique needs of children, birth families, and resources families. During the first monitoring period, New Jersey committed to determining the policies and processes it will use for accessing flexible funds.

As of January 2005, OCS had dedicated \$1.64 million dollars to flexible funding for the first six months of the calendar year and identified a contractor that has already worked successfully with DCBHS in a similar capacity to manage provision of the funds. These are important steps towards making it possible for staff to implement the new approach to practice described in the State's reform plan. The new funding stream supplements others, including the DYFS PRS fund, Resource Family Crisis funds, and DCBHS flex funds, meant to allow workers to provide unique, individualized services for children and families that they can not access via traditional contracts.

New written policies, based on those used in DCBHS, explain both the benefits of and the process for accessing flexible funds. The availability of funds is foundational to future reform strategies including use of Family Team Meetings and by mid 2005, the State is committed to making use of flex funds a routine part of practice.

These are positive steps. However, in order to meet fully this strategy, the State must revisit the approval process, which presently requires three levels of supervisory review and completion of paper work by public and private agencies' clerical staff. Second, we suggest additional communication with frontline staff, as many do not know that flexible funds are available or may associate the funds only with remediation of environmental problems, as previous funding has been used. Birth and resource families should also be notified of this potential source of support and method for accessing individualized services. Tracking the use of flexible funds will allow OCS to know what kind of unique needs are being met and how these funds are used in conjunction with or instead of these other funding streams. Finally, we believe the existing funding level will likely have to be supplemented in State Fiscal Year 2006 and beyond, as information about flexible funds is disseminated more widely and Family Team Meetings begin to be used.

## **6. Facilitate frequent visits in the least intrusive and safest setting possible between children in placement with a goal of reunification, their parents, and siblings from whom they are separated.**

---

In *A New Beginning*, New Jersey committed to improve the frequency, duration, and quality of visitation between birth parents and children as well as between children, siblings, relatives, or family friends from whom they are separated from while in care. During this monitoring period, the State began by committing to reviewing and revising their policies.

The newly circulated policies are well-aligned with the new practice model contemplated in *A New Beginning*. The policies emphasize weekly visits between children in placement, birth parents, siblings, and interested relatives or family friends. They also reinforce the importance of immediate visits during the child's first week in placement and recognize the importance of flexible, collaborative visit planning and scheduling—and note that Family Team Meetings are an ideal setting for making such plans.

The challenge for the year ahead will be to support the field to make the policies into a practice reality. Success will depend in part on support from other components of OCS. DPCP can help provide concrete assistance to mobilize community resources to support family visits, by providing comfortable and accessible locations and helping with transportation. The Training Academy must include in its curricula materials that help staff understand the importance of visiting and how they can best support visits. We will look for evidence of this integration in the months ahead.

Successful implementation of visitation policies will also depend on regular management reports, with data on the frequency of parent-child and siblings visits. New Jersey currently does not track these visits,

and the State has provided conflicting information about whether this capacity will be included in NJ SPIRIT release II in late 2005 or early 2006, or may wait until NJ SPIRIT release III. Interim measures will be needed if visiting is to have the priority attention it requires.

## **7. Promote achievement of safety, well-being, and timely permanency through frequent face to face contact between caseworkers, children, and families.**

---

OCS is working to “cultivate a culture in which staff spends most of their time with their families and children” building relationships and coordinating and delivering services. While New Jersey made no specific commitments during this monitoring period, over the next six months, New Jersey has prioritized reaching a goal of monthly contact with all children in out-of-home care as well as monthly contact with all intact families who have open service cases. By the end of the year, in-person contacts between workers and parents of children who are in placement with a goal of reunification are to occur every two weeks.

The State faces two hurdles if they are to attain these goals. The first, getting caseloads down to a level where frequent contact is realistic, is discussed in our recommendations in Part III, and also in the section on *Culture and Workforce*. The second hurdle is tracking performance data, so the frequency of contact between workers and clients can be monitored and improved over time. Workers within DYFS can presently note client contacts but entries are not accurate. Therefore, data derived from the State’s information system are unreliable (for example, information from a recent quarter shows only 3.4 percent of intact families having contact with their caseworker, contact between workers and parents who were seeking to reunify with their children in placement was recorded for 0.5 percent of families, and no data was available regarding frequency of contact with children in placement). Our field visits suggest that, in practice, case worker contacts occur at substantially higher rates than suggested by the data system, but we cannot draw any reliable conclusions in the absence of accurate data.

## **8. Provide timely, specialized, high-quality adoption services to children who cannot safely reunify with their birth parents, including special strategies for adoptions of older children and those with special needs.**

---

For children who cannot safely reunify with their families of origin, New Jersey is committed to providing lifelong connections to permanent families—preferably via adoption. Regional Adoption Resource Centers (ARCs) have long taken primary responsibility for permanency planning, yet *A New Beginning* recognized that “the obligation to deliver sound and rapid adoption services is not the ARC staff’s alone—but is shared in all of our permanency work and throughout how we construct our new model of practice.” As such, OCS has begun to move the ARC staff into district offices recognizing that relocating adoption staff and expertise to the local level was likely to improve overall practice. The State acknowledged the need to use the first monitoring period focused on careful planning, to ensure that the ARCs’ strengths were not lost during the transition. Specifically, it made two commitments: (i) in conjunction with the Adoption Services Advisory Committee and other adoption advocates/partners, develop a plan subject to Panel review and approval to carry out this strategy; and (ii) enroll the State of New Jersey in the Interstate Compact on Adoption and Medical Assistance and allocate sufficient resources to facilitate timely out-of-state adoptive placements.

The planning effort benefited from the active participation of advocates, who have met routinely with the State via the Adoption Services Advisory Committee. The Committee also sought technical assistance from the National Resource Center on Special Needs Adoption. These thoughtful recommendations

became the foundation of the OCS plan for maintaining and enhancing quality adoption practice in a localized, one family-one worker practice model. The Panel finds this plan strong and, overall, approves it pursuant to a request to receive additional information described below.

A strength of the adoption plan is its definition of a technical assistance and monitoring role for a central Office of Adoption Operations, including an ongoing commitment to share data and results with the public and the Adoption Services Advisory Committee. Another role for the Central Office will be the support and oversight of out-of-state adoption placements. New Jersey recently joined the Interstate Compact on Adoption and Medical Assistance (ICAMA) and added a staff person dedicated to ensuring timely completion of adoptions of children with parents out of state.

Staffing is a central concern of the adoption plan. OCS used data on the number of children awaiting adoption in each of the offices, current staffing levels, and preferences of existing staff regarding relocation to create a logical sequence of transitioning positions to district offices. In developing this approach, OCS leaders revised their intentions from *A New Beginning* and decided to close regional operations sooner. Simultaneously, the leadership recognized that caseload reduction and staff retraining efforts have not proceeded as quickly as hoped. They therefore decided for the next six months to continue to transfer “select home” adoption cases—those in which children need adoption but will not proceed to permanency within their existing foster placement—for case management by an adoption worker. The Panel was pleased to see OCS appropriately attend to quality services and practical problem solving, even when this required a request to the Panel to extend a timeframe contained in the “enforceables.” Accordingly, the Panel approved the revised plan for phasing out the ARCs six months earlier than originally planned (by the middle of 2005), but continuing to transfer case management responsibilities for “select home” adoptions up until that time.

The challenge of the “select home” cases highlights an area where the Panel believes OCS needs to push their planning efforts deeper: the role of the Adoption Specialist, once he/she is no longer a case manager, needs further clarification. Adoption Specialists could potentially play many roles.

- Adoption Specialists might serve as child-specific recruiters, working with waiting children and adolescents to identify their prior connections, publicize their need for a family via the media or state and local adoption exchanges, and introduce them (on paper and later in person) to prospective adoptive parents.
- Alternatively, they may primarily relate to and support other workers, taking responsibility for the timely completion of the considerable amount of legal work required for termination of parental rights and adoption finalization.
- They might be associated first and foremost with adoptive families, playing a critical role in their recruitment, training, development, preparation, matching, and post-placement support.

Depending on which role is contemplated, the Adoption Specialists’ skill set, primary “client,” caseload size, and relationship to other staff—including permanency workers, resource family support workers, placement facilitators, and court personnel—is very different. Successful adoption practice requires that some staff be accountable for each of these roles. The division of labor must be clearly defined. Therefore, the Panel requests a plan addendum including job descriptions for Adoption Specialists and explaining who will play each of the roles listed above.

Training is another area that needs additional attention. The adoption plan clearly identifies a training need, especially for permanency workers who have not previously continued to work with children after their permanency goal is changed to adoption. This training has not yet been developed, but staff are

already taking on their new responsibilities. Site visits and materials the State submitted indicate that many staff in the local offices have done an admirable job sharing their experiences to train one another. Nonetheless, better integration is immediately necessary, as collegial support can not replace formal retraining if timely, consistent, high-quality adoption practice is to occur. We expect to see adoption-related skills featured prominently in the Training Plan, which is discussed further in *Infrastructure and Workforce*.

We also noted two additional areas of concern in the adoption plan, which we suggest the State contemplate further:

- Child-care, after finalization, could be a barrier to permanency. While young children will now qualify for, but not be guaranteed, child care, no similar provisions have been made for after school care or summer support of school-aged children. Similarly, resource family board rate increases will not apply to adoption subsidies after finalization—potentially creating an unintended incentive for families to delay adoptions.
- More than 400 children are presently waiting without an adoptive home, yet the present cadre of foster parents are only asked about adopting children already placed in their homes. Because foster care and adoption were historically separate units, foster parents are not routinely asked about their interest in adopting one or more of the children who presently need adoptive families. Despite the present efforts at integration, existing foster parents will not be asked about their interest in “select” adoption for at least another six months.

Overall, much more work remains to be done to build the strong adoption system envisioned in *A New Beginning*. Frontline staff, supervisors, and managers need additional help understanding the reasons for the changes underway, and additional clarification about roles and responsibilities, training, and support as they take on their new responsibilities.

## NEXT STEPS

---

- 1) Provide clear and consistent statements from leadership to the field explaining the reasons for the change to “one worker, one family;” what the responsibilities of each group of staff will be in the new system; and when and what training will be offered to prepare staff for their new roles.
- 2) Ensure that future releases of NJ SPIRIT will include automated means for tracking required case contacts (for example, worker-child visits and sibling visits), and develop an interim mechanism for collecting data on these critical activities until the automated system is available.
- 3) Decide what resources are needed to support more frequent parent-child and sibling visits and develop budgets and timeframes for making those resources available.
- 4) Develop a method to measure the use of flex funds – both amount and purpose – that can be used to support budgeting decisions and in CQI activities
- 5) Review the flex funds procedures to reduce administrative barriers – e.g. by providing for no more than one layer of supervisory approval for spending below a certain dollar amount.
- 6) Decide how the assessment process will work and develop a timetable for implementing it.

## D. RESOURCE FAMILIES

### BACKGROUND AND MAJOR CONCLUSIONS

---

*A New Beginning* committed to finding and supporting “an appropriate resource family for every child who needs one, with the necessary skills and training, preferably in the child’s own neighborhood, and whenever possible already known to the child.” Resource families include foster families, kinship caregivers and adoptive families. OCS identified a number of problems that have historically prevented them from achieving this goal for children, including disorganized recruitment efforts, a cumbersome process of training and licensure, and insufficient services to help families care for children placed with them. New Jersey also recognized that special efforts were needed to reverse some trends inconsistent with the values of the reform, including recruitment of too few families for particular populations of children; a tendency to devalue birth families to resource families—which ultimately discourages reunification; and an inattention to matching children with families—making placements less stable. To overcome these barriers, OCS committed to launching an effective recruitment campaign, reorganizing the process of developing and licensing resource families, and providing enhanced support to families.

Several of New Jersey’s most important successes during the first monitoring period have related to resource families, particularly in increasing financial supports to children living with relative caregivers. Still, OCS’s self-assessment recognizes that the resource families effort has lagged behind other areas of the reform—largely because no organizational lead has been identified to integrate and guide the work. While New Jersey is on track to meet its early goals related to resource families, additional efforts will be needed to enhance and expand efforts to make strong family placements for all children and youth in out-of-home care.

### REFORM STRATEGIES AND PERFORMANCE

---

#### **1. Recruit resource parents, focused on the populations and areas of greatest need, working in partnership with local communities.**

---

For New Jersey, the need for additional families was and continues to be urgent. To help ensure that children of all ages are placed into families whenever safely possible, OCS committed to (i) plan for and recruit 1,000 additional resource parents during State Fiscal Year 2005, and (ii) complete an inventory of all available resource family homes.

Thus far, New Jersey has licensed 454 new resource families July through December 2004, including 332 foster homes and 122 adoptive homes. They are keeping pace to meet the goal of 1,000 families. In addition to these licensed families, an additional 353 relatives are newly serving as caregivers to children in placement. In future months and years, relative caregivers will substantially contribute to the State attaining its goals, as they will also be licensed as resource families starting in July 2005.

In September 2004, the Panel received the first draft of a recruitment plan, outlining how the State would reach its 1,000 families goal. While the plan had several strengths, the Panel asked for revision and clarification regarding implementation details; integration across divisions, particularly between DYFS and PCP; subsidiary targets for local areas and for populations of children; the role of contractors and amount of contracting; the capacity to respond to increased recruitment; and how results would be tracked. The State resubmitted the plan at the end of the calendar year, but many of the Panel’s questions

remain unanswered and must be addressed in the next annual recruitment plan, to be completed by July 2005.

Simultaneous with planning efforts, the State launched a statewide media campaign in September 2004, “Be a Superhero; Be a Foster Parent.” The campaign provides outreach for much-needed additional families through publications in English and Spanish and concentrating billboard advertising in the communities where the greatest numbers of children are entering placement. Since the campaign began, the number of prospective families inquiring has increased substantially. From September through December 2004, 2,139 families expressed interest in becoming resource families. This is up from 1,946 families during the same months in 2003 and 1,547 during the same months in 2002.

Some aspects of the campaign could be improved. For example, it is focused solely on foster families, rather than including foster, adoptive, and relative caregivers. Further, the materials feature only photos of young, school age children. They do not present sibling groups, teens, babies with medical needs, or other populations of children for whom families are most needed. The materials also present little information on the role of resource families in helping children find permanent families—a role which may include supporting reunification efforts, working with an adoptive family, or becoming adoptive parents. These concerns, combined with the need to improve process for responding to inquiring families, may account for the small change in the number of families continuing the process toward licensure. Despite the increase in inquiries, the number of families attending orientation sessions and submitting applications is not significantly greater from September through December 2004 when compared to the same months in 2002 and 2003.

To generate interest among families who may be more likely to continue through the licensure process, the Panel encourages OCS to increase recent efforts to recruit directly in targeted communities. Actions to date include contracting with eight agencies to recruit families for infants, Spanish-speaking children, and adolescents in Phase I communities. DHS has also engaged the faith community to help with recruitment, including a well-attended faith based summit on recruitment in November 2004 which led to a faith based recruitment weekend held in February 2005. During the next year, we expect the volume and intensity of targeted recruitment to increase, particularly in Phase I areas, and that it will be backed by availability of funds at the local level for recruiters and community partners to use in their work.

Child-specific recruitment, another approach that has proven effective in other states, has received little attention to date. No staff, as yet, have been designated to help particular children find appropriate families except at the time they first enter care (when investigators or permanency workers are required to seek relative placements). We encourage the state to contemplate employing a rich set of child-specific activities in the FY 06 recruitment plans.

In addition to enhancing the recruitment effort, New Jersey also recognized a need to better understand the families presently available to care for children in placement. To that end, their second commitment for this monitoring period was to complete an inventory of available resource family homes, tracking the demographic characteristics and particular needs of children for which these caregivers are available to provide care. The activity was also meant to eliminate inactive or inappropriate families from the State’s data system, making information on available families more reliable and providing better information for use in matching.

New Jersey did undertake some activities to inventory existing homes, but these efforts did not produce the clean, comprehensive picture of resource family homes statewide that the Panel expected. The State closed 756 homes in 2004, but did not track how many were closed because of their project to sort out

inactive families and how many were closed for other reasons. This total is not significantly different from the number of homes closed in 2002 (669) or 2003 (734).

Foster home and relative caregiver records were sorted by area office, such that the number of homes located in each county is available and has been tracked monthly since October 2004. We encourage OCS to similarly sort adoptive families that have been licensed by regional ARC offices. They will also need to capture data regarding how many of these families are available to children with particular demographics (teens, siblings, Spanish speaking, etc.) or particular special needs.

Part of the challenge in completing an inventory of homes will be developing a reliable, consistent data system for keeping current information on resource families. We believe that any successful system must track information about families' strengths and their abilities to respond to particular children's needs. It must be aligned with information collected about children during assessment and with information collected about families during homestudy and licensing.

Both the goal of recruiting 1,000 families and the inventory were designed to be early steps preparing the State for more far-reaching gains in FY 06. In that year and thereafter, the State's progress in recruitment will be measured by the net gain in resource families rather than the number of new families added. In order to achieve those aggressive goals for net increases in resource families, the State will have to greatly enhance and refine their efforts.

## **2. Prepare prospective resource families to have children placed in their home by using an efficient and customer-friendly process to train, homestudy, and license appropriate applicants.**

---

For years, New Jersey has been very successful in getting families to inquire about becoming foster and adoptive parents. Translating that interest into ready, willing, and prepared homes to place children has been a far greater challenge. Thus the State committed (i) to simplifying and streamlining their process of training, assessing, developing, and licensing families by providing a single point of contact throughout and (ii) to greatly speeding up the process.

Initial efforts to help families through the process have been limited—but have shown positive results. Since many families were “stuck” somewhere in the training, homestudy, or licensing process, OCS launched an overtime project, allowing seasoned staff to conduct home study assessments of families outside of their regular work hours. They also began, for the first time, to conduct home study assessments at the same time as families were attending training classes—whereas previously families could only begin their assessment after successful completion of all training sessions. The State has not, however, kept data showing the number of families who benefited from these positive steps or how much these efforts sped the licensing process.

By the end of this monitoring period, New Jersey committed to developing an ongoing process to provide all prospective families with a single point of contact, so that they work with one organizational entity from the time they express interest until the point of placement. Depending on how they approach OCS or its contractors, a limited number of prospective resource families will experience a single point of contact in early 2005. Those most likely to experience a single point of contact are the 135 families that New Jersey has contracted with provider agencies to develop by mid-year in 2005.

New Jersey has made less progress in achieving this goal for the larger number of families who will deal directly with State employees. For these prospective resource parents, the single point of contact is

eventually to be a resource family support worker (RFSW). These workers are not yet in place and the State has not developed clear interim solutions to support families not currently assigned such a worker. As not every resource family will have such a worker for approximately two years, putting in place an alternative means for these families to access such support was an expectation during this monitoring period and continues to be important.

The State's thinking about who will make contact with prospective resource families has been closely tied to its second goal, that the time between application to be a resource parent and licensure be reduced to less than 120 days. The intended process needs further thinking and clarification. For example, the separate step of required orientation will be eliminated as of June 2005. Although simplifying the number of steps families must complete is good, orientation is to be replaced by individual contact from a recruiter. Recruiters are to discuss themes previously covered in orientation; those themes are also to be reinforced on the first night of pre-service training. Unfortunately, the number of recruiter positions planned will still be insufficient to allow individual contact with every inquiring family as of July 2005. Further, pre-service training has not been revised to include the themes from orientation.

The focus on a 120-day goal has also led the State to increase the importance of the application in the licensure process. Since New Jersey does not plan to "start the clock" until the application is received—and because the application requires families to disclose detailed personal and financial information—we are concerned that the application may discourage families. We encourage OCS to instead simplify the initial application and gather personal information about families later in the process. We also encourage the State to find ways to engage families quickly and personally after they initially express interest.

Finally, we are concerned that the Office of Licensing, which is a unit of DHS not OCS, has been assigned responsibility to monitor the timing of the front end process of preparing families. While this may be an interim solution to ongoing data tracking problems, collecting such information in a unit that is not directly linked to the unit accountable for using it can not be a long-term solution.

### **3. Provide timely and appropriate training to develop resource families' competencies to care for children placed in their homes.**

---

New Jersey is committed to helping resource parents enhance the skills they need to work collaboratively with children, birth families, social workers, and the courts—both before and after children are placed in their homes. The State was to select and customize a new pre-service training curriculum for families during this monitoring period.

New Jersey selected PRIDE, a nationally esteemed curriculum, for pre-service training of resource families. By the second half of 2005, all resource families will pass 27 hours of training prior to the placement of children into their homes, or shortly thereafter in the case of relatives who take in children on an emergency basis. A workgroup that included interdivision representatives as well as resource parents reviewed several training curriculum and selected PRIDE as the tool to help families prepare for their resource parenting roles, which include helping children with separation and loss, supporting reunification with birth families, and focusing on permanency through reunification or adoption.

OCS has many tasks still ahead. Training Academy staff have started to customize the curriculum, but their efforts have not been sufficiently linked to efforts of those who work on resource family policies and operations. We are concerned that, without such a linkage, competencies built in the curriculum may not be fully aligned with the homestudy process, the lessons of in-service training, or the system used to match family strengths with children's needs.

The Panel also encourages the operational and Training Academy staff to work closely together to ensure they develop sufficient capacity to keep pace for a statewide launch of PRIDE by the middle of 2005. This will require training the trainers who will teach PRIDE courses, piloting the curriculum, recruiting resource families as co-trainers, and determining the locations and frequency of classes. Plans must be developed for spreading this curriculum into the local offices and to contracted service providers, all of whom will require support and coaching to build the necessary skills to offer effective training courses.

#### **4. Revise licensing regulations to dually license families for foster care and adoption and to insure that licensing requirements support the ability of workers to make individualized determinations on the qualifications and skills of caregivers to be effective resource parents.**

---

New Jersey envisions a child welfare system in which relative caregivers, foster parents, and adoptive parents are able to move easily between providing temporary and permanent care in response to the needs of the children in their homes. They also imagine a system in which all families are held to a similarly high standard of care that hinges on their ability to respond to children's particular needs, not on the dimensions of their living space. While no commitments were due this monitoring period, an interdivisional workgroup has been engaged in this work, and by the end of the next monitoring period we anticipate that, going forward, all new relative caregivers will be licensed and that relative caregivers and foster parents will be able to adopt children in their homes without needing a new licensing assessment. We also anticipate that the resource family application, home study assessment process, emergency placement provisions, and resource family data and matching system will be consistent with the new regulations. We will discuss these activities in our next report.

#### **5. Increase reimbursement for resource families and equalize reimbursement for relatives with reimbursement for non-relative caregivers.**

---

Providing care to a child is a challenging undertaking both emotionally and financially. For years, the State's board and care rate has not kept pace with the true cost of child rearing in New Jersey, and foster and adoptive parents were essentially asked to devote their personal financial resources to supplement it. For relative caregivers, the request was even greater—that they would provide the same quality of care, with approximately half of the financial resources given to unrelated substitute caregivers. The Panel applauds New Jersey for taking two steps to devote additional resources to resource families, both of which represent important, concrete commitments to enhancing children's well-being.

First, as of July 2004, relative caregivers receive the same board and care rate as foster and adoptive families. This represents a substantial increase—nearly doubling the support received by most caregivers. As the State learned by visiting relative homes during the placement assessment process, many relatives were keeping their families together despite enormous financial pressures. These relatives will now have funding to improve environmental conditions, acquire larger living spaces, provide enriching toys or activities, and better support their children. This is among the most important accomplishments of this monitoring period.

Second, with the start of 2005, all caregivers—foster, adopt, and kin—saw a modest increase in the board rates. This is the first step in a four year process to match the board rate to the United States Department of Agriculture's annual estimates of what moderate-income families spend to rear their children.

**6. Provide resource families with timely, effective support, including an involved resource family support worker, access to a network of peer support, respite care, child care, flexible funds, crisis response services, and other needed supports.**

---

Recognizing that New Jersey was not sufficiently supporting resource families, the State made two commitments in this area: (i) to provide access to flexible funds for individualized support services to resource families and expand existing contracts to allow resource families access to an existing array of services; and (ii) to create a more refined implementation plan to expand services, addressing an array of supports families may need.

New Jersey committed to providing access to flexible funds by September 2004. While New Jersey did not succeed in making these funds available to resource families by that time, as further described in the section on *Permanency*, New Jersey has now revised and adopted policies regarding access to and use of flexible funds for service delivery which will be available to resource families, birth families and children.

Regarding the Resource Family Support Plan, New Jersey built on the recommendations of a committed, diverse workgroup that included resource families, to create a plan that included many strengths. The Panel was particularly pleased with the new and enhanced partnerships that were developed with other parts of New Jersey state government. The Department of Community Affairs is dedicating a million dollars annually for the next five years to help resource families resolve environmental problems in their living environments that relate to their ability to gain or maintain their licenses. We anticipate that this support will be especially useful over the coming months as the State moves to license relative caregivers who, during the placement assessment process, often needed this support to safely keep children—especially sibling groups—in their homes. This new environmental funding joins a previous partnership with New Jersey Housing and Mortgage Finance Agency. That agency has committed an additional five million dollars to provide low cost loans for housing and housing repairs to adoptive parents. Together, these partnerships have the potential to substantially improve the safety and quality of housing conditions for resource families and the children who live with them. The Panel hopes that New Jersey widely publicizes these options to resource families across the state, and suggests that, where funds are capped, families in Phase I urban areas receive priority attention. Other important new supports, discussed more fully in other sections of this report, are the availability of flexible funds and the increased board rates provided to caregivers.

To continue to enhance the overall strength of the plan, several of the proposed strategies require additional attention or resources:

First, the plan requires clarification regarding the assignment of resource family support workers to families. Although the plan notes that 97 new resource family staff positions will be filled in 2005, it does not explain how many of those positions will be support workers. It also does not identify how many existing staff are being reassigned to this role, nor does it explain how the positions will be assigned to district offices or to families. The Panel is not clear about the number of new and existing resource families who will receive this important, concrete support over the next year.

Second, the plan must be refined to address the particular support needs of kin. Although resource families include relative care providers, New Jersey must be cautious to remember that each group still exists and has unique needs. In particular, the peer support program will likely need special strategies to welcome and include relative caregivers. While the plan to continue developing existing county-based foster and adoptive family support groups is extremely positive, this alone is unlikely to sufficiently

address the needs of relatives. The Panel suggests that, particularly as relatives are asked to become formally licensed resource families, targeted strategies will be necessary.

Third, the peer mentoring program described lacks sufficient clarity or detail to be implemented. Before such a program is launched, the Panel would like to better understand whether mentors will be a large group of volunteers, so that each experienced family is paired with just one prospective caregiver, or whether a smaller number of professional mentors will be trained and paid to support a large number of prospective families simultaneously. This decision has a critical impact on the number of prospective families who will be served by the program. The Panel also remains confused about the overlap between the role of the mentor and the resource family recruiter and support worker. The plan describes a role for the mentor in helping to move the family through the licensing process; however, this would require a very close relationship with the public agency. Without a stronger sense of who will train, support, and facilitate the mentoring program, the Panel remains unconvinced that mentors would be well-suited to this role.

Fourth, several important supportive services that have been recently developed appear to need to be better communicated to field staff and directly to the resource families, if their benefits are to be fully realized. Some examples of this include changing the scope of existing service contracts so that they can provide assistance to resource families as well as birth families; continuing expansion of Mobile Response Service via DCBHS; and respite care and babysitting programs and rate increases.. Making sure that resource families know what services are available is critical. Absent such knowledge, they frequently do not request help nor do permanency workers always know that such supportive services are available.

Fifth, the Plan does not sufficiently describe how data will be collected or used to determine whether the supportive services are being effectively utilized and to make mid-course corrections where needed. For example, the Panel was unable to verify whether resource families have yet used the contracts that were expanded to include them as of last fall. We also have not received data about the frequency with which resource families use Mobile Response Services, or the success of those services in stabilizing placements. In the absence of such data, we are concerned about whether resource families truly have access to this service array.

Finally, one of the most important ingredients for successfully supporting resource families is for them to be heard—at the individual level by having workers return their phone calls and at the county and state levels by having opportunities to share their opinions about what is and is not working. Because no leader has been identified for the resource families effort, the State has not met their commitments from *A New Beginning* to “regularly inform and remind all DYFS employees how they can support the goal of retaining resource families,” nor to create an “institutionally supported way for resource families’ input on matters of practice and policy to be routinely solicited and considered.”

## **NEXT STEPS**

---

- 1) Appoint a Director of Resource Families for the State, with responsibility for high-level coordination of recruitment, development, and support of all adoptive, foster, and relative caregivers.
- 2) Focus recruitment planning and expenditures for FY 06 on community efforts in the neighborhoods with the greatest need for additional homes. Include the DPCP, existing resource families, and youth in this work and provide budgets and technical assistance to support recruitment.
- 3) Clarify the schedule by which resource family staff will be assigned to each local office, what proportion of existing and prospective families will be supported by these positions, and how resource family needs will be met for the remaining families until these units are fully staffed.
- 4) Release additional contracts to community agencies in Phase I and other areas for local recruitment and support of resource families. Experiment with having some resource family support work done by non-profit community agencies. Provide technical assistance to new community partners, as needed, to help them build their capacity.
- 5) Ask every foster parent who is currently in good standing about their interest in adoptive parenting. Match interested families with children who are awaiting adoptive placement.
- 6) Delay the implementation of the resource family mentoring program, instead focusing first on involving resource families in local recruitment, training, and support efforts. Provide technical assistance, including leadership training. Later, allow local resource families groups to determine what types of mentoring programs they prefer to launch.

## **E. ADOLESCENTS AND YOUTH TRANSITIONING OUT OF THE SYSTEM**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

*A New Beginning* acknowledges that New Jersey's existing child welfare system neither adequately attends to the safety, permanency and well-being of adolescents nor appropriately prepares them to live as healthy, productive adults. New Jersey envisioned substantial changes in this area, with practice and policies to be grounded in the belief that family connections are as important to adolescents as they are to younger children. In addition, *A New Beginning* addresses the need to adequately prepare youth for independence by extending the age of custody until age 21 and by using that time to provide youth with the skills and lasting connections with adults that are needed for a successful transition to adulthood.

During the first monitoring period, New Jersey put into place the policy changes it committed to, and took other foundational steps such as developing plans for a youth development unit in OCS and providing life skills training to teenagers in care. These changes have not yet had significant impact in practice – partly because such changes always take longer to deliver and partly because New Jersey's progress was impeded by a lack of clear leadership on this issue. Such leadership will be especially important going forward.

### **REFORM STRATEGIES AND PERFORMANCE**

---

#### **1. Revise and adopt policies that support permanent placements for adolescents.**

---

*A New Beginning* recognized that New Jersey's policies regarding adolescents impeded a focus on permanency. The State thus committed to change these policies and associated practices on an aggressive timetable. New policies were to: (i) maintain placements for youth until age 21; (ii) amend the kinship legal guardian statute to allow adults who have been providing consistent care to become legal guardians; and (iii) eliminate the permanency goal of long term foster care.

New Jersey made these policy changes. This past fall, OCS promulgated policies designed to maintain placements, case management, and services up to age 21, unless youth elect to leave the system. In August 2004, the State passed a bill that eliminated the permanency goal of long-term foster care. Now, the permanency goal for adolescents (like younger children), is to be reunification when possible. If timely reunification is not possible, the preferred permanency goal will be adoption or legal guardianship—although the legislation allows long-term foster care to be eliminated “gradually.” Finally, the State analyzed existing legislation and determined that adults who have been providing care to youth, such as foster parents, can become kinship legal guardians without statutory change.

Translating these policies into routine practice will be a longer-term challenge. A major part of this challenge is to determine more appropriate permanency goals for children who now have the goal of long-term foster care. New Jersey has reviewed the case records of these children, but it is unclear to the Panel whether this review has led to any changed action or plan. A second challenge is developing the data systems needed to monitor progress. At this point, different sources of data within OCS provide different numbers of children with the goal of long-term foster care, and the State has not yet been able to develop a tracking mechanism to determine whether youth in fact continue to receive services after they turn 18.

## **2. Provide meaningful adult support to youth in care.**

---

Connecting young people with adults in their families and communities who can provide meaningful support during adolescence and into adulthood will be a key component of New Jersey's new practice model. No specific actions related to this strategy were due in this monitoring period.

## **3. Provide educational, employment, health, housing, and aftercare resources to youth in out-of-home placements and youth exiting the child welfare system without legal permanency.**

---

Recognizing that the current structure of child welfare services has for too long contributed to poor health, educational and employment outcomes for the young people in State care, *A New Beginning* commits to expanding the types of supports and services available to youth while they are in care and transitioning to adulthood. New Jersey made three commitments related to this strategy for this monitoring period: (i) develop an office within the DPCP dedicated to planning for the needs of adolescents and youth transitioning out of the system; (ii) develop a plan to ensure that youth ages 14 and older in out-of-home placements receive life skills training; and (iii) enroll all eligible children in the Chafee Medicaid Extension program when they turn 18, and maintain enrollment until the age of 21.

First, OCS leadership has rightly concluded that the cross-cutting needs of adolescents and youth moving out of the system would be better served by a Youth Development unit within OCS, rather than only in DPCP as established in *A New Beginning*. As such, they submitted a conceptual plan that calls for partnership among State departments and OCS divisions responsible for providing services to adolescents. The plan also commits to services which are geared for adolescent populations and requires that the Child Welfare Planning Councils and community collaboratives address the needs of adolescents. While this preliminary plan offers a comprehensive vision for the Youth Development Unit, much remains to be decided, and many integration questions, identified elsewhere in this report, remain. Determining how new and existing services for adolescents will be integrated across OCS divisions and the role that Adolescent Specialists will play in the area offices is critical.

Second, New Jersey worked with the National Resource Center for Youth Services and representatives from contract agencies to create the New Jersey Strength-Based Assessment tool, which is designed to assess life skills in several core competencies. New Jersey also plans to increase the number of young people who receive life skills training by utilizing newly trained representatives from congregate care providers and other community agencies. The Panel needs further information to be able to determine whether this proposal meets the needs of all of the young people who require life skills training and whether it is well-aligned with other functional assessment processes.

Finally, New Jersey did not meet their commitment to enroll all eligible children by the end of December 2004. Recent data is encouraging in that 233 youth have been appropriately enrolled in the program as of February 2005; however, New Jersey has not provided information regarding how many children remain to be enrolled. Although the State committed to enrolling eligible young people in the Chafee Medicaid Extension Program by the end of 2004, it has now determined that limitations in existing data systems prevent it from making this enrollment automatically. Accordingly, DHS is to provide a dedicated staff person at the Medicaid extension hotline to facilitate enrollment.

#### **4. Provide services for lesbian, gay, bi-sexual, transgender and questioning youth.**

---

*A New Beginning* promised to meet the unique needs of lesbian, gay, bi-sexual, transgender and questioning youth. New Jersey's plan to serve these young people is not due until June 2005. The plan for the Youth Development Unit of OCS acknowledges the specific needs of these young people as a high priority for future work.

#### **NEXT STEPS**

---

- 1) Identify an OCS lead for work needed to improve services to adolescents, with responsibility for implementing a plan for adolescent services that integrates work across OCS divisions.
- 2) Enroll all eligible young people in the Chafee Medicaid program and maintain an accurate count of enrollment.
- 3) Develop a benchmark to track the number of young people who turn 18 who remain in care as well as those who exit.
- 4) Develop a benchmark for long-term foster care that reconciles differences in case counts between DYFS and OCS benchmark data.
- 5) Connect goals for adolescents (e.g., more family-based placements) to deinstitutionalization strategies and ensure that the OCS lead for adolescent agenda works regularly with DCBHS congregate care staff.

## **F. REDUCING INAPPROPRIATE RELIANCE ON INSTITUTIONAL SETTINGS**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

In *A New Beginning*, New Jersey affirmed its commitment to placing each child in the most family-like and least restrictive setting by stating, “children do better in settings most like their homes ... [l]arger settings... should be reserved for only those children whose needs cannot be met by a resource family.” Inherent in this commitment is the responsibility to ensure that adequate staff supports, services, and placements are available so that no child is placed into a congregate setting because of either a system failure to recruit, train, and support resource families or because of a practice bias towards placing particular children in institutional settings.

New Jersey has made progress with some of the strategies related to this goal. Its work to phase out the Arthur Brisbane Child Treatment Center is ahead of schedule. It has also made additional case management services available; developed new treatment foster homes; issued requests for proposals to replace some of the residential treatment capacity lost when providers closed their programs; worked effectively with the Juvenile Justice Commission, and put assessments to use to ensure children who access congregate placements have clinical need for such placements. The Panel remains concerned, however, about the longer-term challenges in this work. Integrating the work of DYFS and DCBHS is one of the primary challenges facing OCS. Finding, developing, and using more family- and community-based placements for children also needs further attention in order for New Jersey to meet its commitments regarding deinstitutionalizing young people in care.

### **REFORM STRATEGIES AND PERFORMANCE**

---

#### **1. Eliminate the use of congregate care for young children.**

---

Living with a family is particularly important for infants and young children. Given this, New Jersey committed to: (i) revise and adopt policies so that no children under age 6 are placed in congregate settings; (ii) place no new children under age six in congregate settings starting in 2005; and (iii) leave no infants, also referred to as “boarder babies,” in hospitals awaiting placement for more than five days beyond the point of medical clearance.

Regarding the first two commitments, New Jersey established policy providing that a child under the age of six can be placed in a congregate facility only if a strengths and needs assessment conducted by a licensed clinical care coordinator concludes that the child’s needs can only be met in such a setting. This policy also applies to children already in care, for whom there must be a current, valid assessment demonstrating the continued need for placement in congregate care.

As of November 30, 2004, 17 children under six remained in congregate settings. Ten of these children were placed in treatment facilities because of medical necessity. The remaining seven children were placed in two programs that in the Panel’s view are, in effect, shelters, and are not appropriate settings for young children. New Jersey must provide families for these children, and cease placing young children in shelters, in order to comply with this requirement.

With regard to “boarder babies,” New Jersey has made significant progress over the past six months. The average number of days that a child spends in “boarder baby” status has decreased from 21.8 in the period from April to June 2003 to 5.8 days in October 2004. This is a major accomplishment. Several successful

practice changes included outposting workers to area hospitals; stationing designated “boarder baby” placement specialists in many district offices and ARCs; targeting recruitment for “Special Home Service Providers” (SHSPs) who care for medically fragile children; increasing identification and use of relative care providers; and communicating with hospital staff and community agencies to facilitate timely discharge planning. The Panel conducted a targeted review of “boarder baby” cases, which is discussed more fully in Appendix 2.

- 2. Eliminate the placement of children and youth by the child welfare system into inappropriate congregate care settings.**
  - 5. Transfer or discharge children living in a congregate care facility whose needs can be met in a family setting or in a less intensive level of care to the least restrictive setting safely possible.**
- 

In this section, we discuss two related issues. First, New Jersey has historically had some children, most of them teenagers, who are placed in settings that are by definition inappropriate. Some of those children remain in detention facilities after a judge orders their placement in a treatment setting, because no appropriate placement is available for them. Others wait in shelters, again because appropriate placements cannot be found. Second, some of the children who are in residential treatment settings and group homes do not need to be there and should be placed instead with a family. Some of these children could have been placed with a family from the beginning, while others have made progress in a treatment setting and are now ready to return to the community. These two issues are closely inter-related: if OCS can succeed in moving children to families when they no longer need residential treatment, additional residential treatment services will become available for children waiting in shelters or detention.

Over time, New Jersey has committed to eliminating the inappropriate placement of children in shelters and detention, and to finding families for all children who can thrive in them. During the first monitoring period, OCS planned to (i) assign a Youth Case Manager (YCM) to youth placed by the child welfare system into detention, shelters, and congregate care settings out of state and (ii) ensure that assessments be done in a timely and continual manner so that no child remain placed in residential treatment settings beyond necessity.

The State had mixed success in assigning YCMs to develop alternative treatment and placement plans for children who need more appropriate settings. The YCM program is part of the DCBHS system of care, and many other children in New Jersey, not involved with the child welfare system, are also assigned YCMs. They are employed by private providers under contract with OCS.

As of December 22, 2004, New Jersey reported that there were 1,587 children in out-of-home care placed in congregate settings, including 97 children placed in detention and 320 children placed in shelters. On that date, 1,578 of the children (or 99 percent) of the children placed in a congregate setting had been assigned a YCM.

**Table 12. Number of Children in Out-of-Home Congregate Care  
December 22, 2004**

<b>Congregate Setting</b>	<b>Number of Children</b>
Group Home	442
Detention	97
Psych Comm. Residence	37
RTC	670
Shelter	320
Unknown	21
<b>Total</b>	<b>1,587</b>

*Data supplied by OCS. Not independently verified.*

In order to accomplish this, OCS expanded existing contracts to bring the total number of YCMs statewide to 167. The State later determined that this number was insufficient and is in the process of adding 20 additional positions to bring the staff complement to 187. As of January 5, 2005, OCS reported that 3,416 children were in active case management with YCMs. We cannot calculate average caseload sizes, however, because it is not clear how many of the 187 positions were filled on that date.

New Jersey has acknowledged operational problems associated with this expansion of services. It estimates that, in 11 of the State's 21 counties, the YCM organizations were over capacity both due to overwhelming need and incomplete staffing by the end of December. Therefore, contract providers were unable to begin serving some of the children referred to them. In the counties which do not yet have Care Management Organizations (the most intensive level of services in the State's behavioral health model), YCMs had to take on the most complex cases, and this may be impossible to do effectively at current caseload levels. The role of YCMs is to help youth transition to more appropriate settings, however, documentation from the state indicates that much of the YCMs work involves assessing youth to see if a higher level of care is appropriate, rather than helping youth transition to a family or community-based setting. Finally, a great deal of work remains to be done to train YCMs in the DCBHS practice model. Without this training, YCMs may not have adequate resources available to them to provide their clients the services they need. Overall, the actions taken to date are important first steps, in need of substantial refinement if they are to produce the intended benefits.

Regarding the State's second commitment, to use assessments to ensure children in congregate care settings are there because of therapeutic need, progress has also been mixed. While New Jersey has done a good job of making sure that an initial strengths and needs assessment is now completed within two weeks of a child entering into out-of-home care, about 64 percent of the children in congregate care facilities and only 25 percent of the children waiting for a residential placement have a current needs assessment.

### **3. Provide placement for children in New Jersey, moving or maintaining placements for children out-of-state only for compelling reasons.<sup>21</sup>**

---

New Jersey has committed to placing children in their own communities and neighborhoods in order to provide continuity of local supports (i.e., school, friends and extended family) and to facilitate children's safe reunification with their families, when appropriate. As part of this strategy, the State has committed to addressing the needs of children who have been furthest from home—those placed out of state. These children are to return to New Jersey unless there are compelling reasons to remain, typically, a need for highly specialized programming not available in New Jersey. As first steps, OCS planned during this monitoring period to (i) review the situations of all children in out-of-state placements to determine if their current placement is appropriate, and (ii) assign a DCBHS case manager to children in out-of-state placements.

New Jersey has not yet carried out this strategy as intended. As of October 1, 2004, New Jersey had 728 children placed out of state, of whom 208 were in congregate settings, 509 were placed with families, and 11 young people were in independent living situations. OCS conducted a review limited to children in out-of-state congregate settings, and this review does not clearly indicate whether children need to remain in their current placements or, if not, what actions will be taken to find more suitable settings for them. Children in out-of-state resource families, many of whom have a permanency goal of reunification that is very unlikely to be achieved when they are far away from their families, have not been reviewed.

The State is now refocusing on this issue by designating a clear lead at DYFS central operations, as well as liaisons at each of the local offices, to assist in overcoming barriers in permanency planning for out of state children. They have also assigned a YCM, as promised, to every child or youth in out of state care to determine what services are needed to transition the child to a family and/or community-based setting. The Panel will return to this issue during the next monitoring period to determine whether these actions lead to the intended results.

### **4. Close the Arthur Brisbane Child Treatment Center, transferring or discharging all youth to another setting appropriate to their needs, with adequate supportive services in place. (See Benchmark 60)**

---

*A New Beginning* included the important decision to replace the Arthur Brisbane Child Treatment Center with more appropriate services for children with severe mental health problems. OCS's plan closes operations at Brisbane over approximately one year. The first step, due during this monitoring period, involved finding alternatives for children under 14, so that no such children would be at Brisbane after December 31, 2004. New Jersey has met this commitment, and it is ahead of schedule for a second step of the plan, by which adjudicated juvenile delinquents are no longer to be placed at Brisbane by March 31, 2005. This is a significant accomplishment. Eventually, delinquent youth with crisis mental health needs will be served at a University Behavioral Health Care/University of Medicine and Dentistry of New Jersey facility which is slated to open in March 2005. In the interim, these children are being served in a physically separate unit of the Trinitas Hospital Children's Crisis Intervention Services unit.

---

<sup>21</sup> Compelling reasons include but are not limited to care by relatives and pre-adoptive placement. While out-of-state congregate care placements should be exceptional, a small number of time-limited waivers may be granted for highly specialized treatment programs that are not available or replicable locally.

**6. Evaluate and improve the safety conditions and quality of services within congregate care and institutional facilities.**

---

OCS will undertake activity in this area in the second monitoring period and the Panel will review their progress in subsequent reports.

**NEXT STEPS**

---

- 1) Ensure that the needs assessment for behavioral health services (see the section on *Partnering with Communities and Expanding Necessary Services*) includes recommendations on how OCS can best ensure that the highest-risk youth, including those now in inappropriate settings, have access to the placements and treatment resources they need.
- 2) Train Youth Case Managers on the behavioral health practice model.
- 3) Within the next 90 days, develop and implement individual case plans, for as many children as possible, to move children from detention, shelter, or out-of-state placements to more appropriate settings.

## **G. PARTNERING WITH COMMUNITIES AND EXPANDING NECESSARY SERVICES**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

According to *A New Beginning*, “At the core of this plan is the development, for the first time, of an integrated network of services for children and families throughout New Jersey, in rich partnership with the communities reliant on it.” To lead this work, OCS developed DCPC, a new division charged to help build new and expanded services, planned in partnership with families and communities throughout the state, and with a particular emphasis on the communities where child abuse and neglect is most prevalent. Recognizing that building new infrastructure and partnerships takes time, New Jersey also committed to provide additional resources more quickly for five core preventive services—housing, domestic violence, substance abuse, mental health, and physical health—and to give priority to children and families involved with protective services.

Overall, New Jersey’s work in this area has produced mixed results. Child Welfare Planning Councils have been launched in three of four phase one counties, and several community led collaborations have started. How the collaboratives will deliver services and the scope of community case management needs clarification. Funding for the collaboratives has not happened as quickly as the Panel expected. Enhanced medical services have begun to be delivered in a small number of areas; however, questions remain regarding the integration of child behavioral health services and their deployment to children and families. We are hopeful the State and the Domestic Violence Coalition will soon establish and implement protocols for staff working with families affected by domestic violence. Overall, efforts to work with communities and expand services are not likely to produce results until OCS provides greater clarity about their specific needs and expectations from these partnerships.

### **REFORM STRATEGIES AND PERFORMANCE**

---

#### **1. Develop partnerships with communities statewide with special emphasis on those areas which have high numbers of children coming into care.**

---

In *A New Beginning*, New Jersey commits to deepen local involvement in planning for children’s services. To this end, the State made plans to (i) identify the purpose, structure, standards, roles, responsibilities and performance measures for implementing Child Welfare Planning Councils by December 31, 2004; and (ii) develop a Child Welfare Council in every county by March 2005. These bodies would share decision making and accountability for good child welfare outcomes in their areas. They are to participate in decisions regarding the allocation of resources at the local level and the coordination of services across program categories.

New Jersey has struggled to move from this important vision to a clearly articulated implementation plan for the child welfare planning councils. The State has developed a statement of purpose, structure, and responsibilities, but it leaves many unresolved questions. We do not yet understand what if any authority the councils will have; whether they will review existing service programs or only new ones being funded by the reform plan; and how they are expected to relate to other, similar bodies that already exist in many areas.

In spite of the continued uncertainty about roles, purposes, and desired outcomes, New Jersey has launched a process designed to create councils in three of the phase one counties—Essex, Passaic and Mercer—and one phase two county, Middlesex. In the Council kick-offs and the follow-up meetings that have happened to date, New Jersey has faced challenges obtaining substantial participation from

community residents; the panel recognizes that this is reflective of the larger challenges that OCS faces in gaining and sustaining community trust.

In the Panel's view, additional preparatory work is needed before the effort to develop local planning councils will succeed. We have accordingly asked the State's leadership to provide supplementary information more clearly articulating the goals and outcomes of the councils; the level of authority these bodies will have; the resources necessary to accomplish these goals; a revised timeline for establishing the councils; and a better understanding of how the efforts of DPCP are to be integrated with the other OCS divisions.

We also recognize that a good deal of hard work has occurred with communities to organize the planning council meetings that have been taking place. We have seen the enthusiasm of community members, staff and providers and encourage New Jersey to build on that momentum.

## **2. Support the development of locally governed community collaboratives in the communities which have the highest numbers of children coming into care.**

---

In formulating *A New Beginning*, New Jersey planned to build upon a strategy used successfully in other child welfare reform efforts, developing local collaboratives in the neighborhoods where the largest number of children and families are involved with the system. These grass-roots bodies can link local residents to the informal services and supports available in their communities; help coordinate the work of many different service providers and the public child welfare agency; help ensure accountability for results; and mobilizing local residents to make a difference for children and families – for example, by recruiting and supporting local resource families.

The Panel's experience elsewhere suggests that the development of strong collaboratives takes time. New Jersey's reform plan appropriately includes phased implementation, beginning with a commitment to (i) identify the funding process for implementing community collaboratives by September 2004; and (ii) establish and support a total of six community collaboratives by March 2005. While New Jersey did not meet the commitment of identifying the funding process by September 2004, at the time of writing, planning grant applications have been disseminated to fifteen existing and developing collaboratives. However, the Panel remains unclear what collaboratives are accountable for doing for families, either together with or on behalf of OCS. Their role in providing or supporting community case management also needs greater clarity.

Unlike our recommendations with regard to the councils, we believe that progress with community collaboratives can be achieved soon, and that promoting development of collaboratives is critical both to developing an effective service network and to building credibility in the neighborhoods where the child welfare system has the greatest impact. Grass-roots work is already underway in three communities—in Essex, Cumberland, and Monmouth counties—where local residents and service providers have joined together and taken the first steps towards forming functioning collaboratives. Some of these efforts have received funding and in-kind support from DYFS district offices, local foundations, and provider agencies as well as organizational support from DPCP. OCS should build on these positive steps by releasing planning grants and providing the additional clarification and support described above.

### **3. Provide services and supports to families at high-risk of involvement with the child welfare system.**

---

New Jersey plans to make a variety of services and supports available to support families and prevent the need for intervention by the child welfare system. The first of these to be addressed in the plan were additional child care slots. To this end, New Jersey has provided funds for 500 child care slots during State FY 2005. These slots will be used by children placed with resource families and by children living with birth families who have identified safety risks.

### **4. Provide case management services to families referred by or at high risk of involvement with the child welfare system.**

---

*A New Beginning* recognizes that many families, not just those in which abuse or neglect has occurred, can benefit from supportive services. The State plans to engage community-based providers in offering these services. Under its original plan, New Jersey committed to implement this by December 2005. As described earlier in Part III, this is the sole area in which the Panel is recommending that the State act on a timetable faster than that set out to date.

We make this recommendation for two reasons. First, as described elsewhere in this report, much work remains to be done in reducing caseloads for front-line workers. So long as these workers are responsible for too many families, those who need support but have not yet harmed their children are certain to get too little attention. Second, the reform plan's commitment to building new relationships with communities may be viewed with skepticism until concrete services, formerly unavailable, are provided in the neighborhoods where families need them most. Implementing community case management is an achievable, concrete step that can begin to demonstrate how a reformed system will work.

### **5. Provide high-quality services, responsive to the needs of children and families involved with the child welfare system who have experienced domestic violence.**

---

*A New Beginning* acknowledged that domestic violence situations were among the top three reasons for referral to DYFS in 2002, concluding that "domestic violence services need to be carefully integrated into child welfare programs and practice to preserve safety." To this end, New Jersey pledged that by December 2004 it would revise and adopt policies and protocols regarding practice with families who have experienced domestic violence. The State has since revised its domestic violence policies but is still working on the development of a protocol. OCS leaders have requested an extension to seek assistance from outside experts to facilitate an agreement between OCS and the Battered Women's Coalition on the details of the protocol and training that staff will receive. As the Office of the Child Advocate noted in its report of December 2004, effective policies for working with families affected by domestic violence are essential to child protection. The Panel has agreed to extend the time period for completing this work to March 2005. We request one amendment to recent policy changes: SCR screeners should routinely inquire about the presence of domestic violence issues during the screening process.

### **6. Provide high-quality emergency and routine health care for children in out-of-home placement.**

---

*A New Beginning* acknowledged that medical care for children involved with DYFS is, "often fragmented, interrupted and inconsistent." To overcome these issues, New Jersey promised to appoint high-level medical leadership and to develop a comprehensive medical plan for OCS. The appointments

have been made, and the Panel is impressed with the planning efforts underway. The medical plan is due in March 2005.

Although no commitments were due during the monitoring period, New Jersey has already begun implementation of a new Comprehensive Health Evaluation for Children (CHEC). This program is just getting underway, and the State reports that nine CHEC programs have been assessed for start-up. To meet final approval, sites need to receive training, be immunization compliant, and receive Medicaid Identification Numbers. As of December 2004, New Jersey reports that two sites were up and running and that the first few examinations had been performed. The Panel will provide additional information on this new program in our next monitoring report.

## **7. Provide high-quality mental and behavioral health services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.**

---

*A New Beginning* acknowledged that behavioral health services for children and youth were fragmented and that community based resources were insufficient. Accordingly, New Jersey committed to expand a variety of mental health services and supports as part of its reform plan. Specifically, during this monitoring period, New Jersey agreed to (i) increase the number of Youth Case Managers to 167 in order to have capacity to serve 10,000 children annually; and (ii) develop protocols and capacity to provide adult mental health services to 150 families whose children are involved in the child welfare system.

New Jersey succeeded in expanding the number of YCM positions during the monitoring period, and further increased the number of YCM's to 187 when the caseloads in several counties appeared unwieldy. As of January 4, 2005, the State reports that 3,416 children are assigned a YCM and DCBHS has capacity to serve 10,000 children annually. For a closer examination of YCM deployment, see the section on *Reducing Inappropriate Reliance on Institutional Settings*. The Panel does not yet have sufficient information to discuss the quality of the YCM assignments. We will do so in a later report.

New Jersey also committed to develop protocols and capacity to provide adult mental health services through the Division of Family Development to 150 individuals whose families are involved with the child welfare system. The State reports that protocols were developed and contracts amended to provide these services. We will use our site visits in the current monitoring period to review the access and availability of these services. A larger and continuing challenge for OCS is integrating and effectively deploying DYFS and DCBHS services on behalf of the children and families who need them most. The Panel has encouraged OCS leadership to consider these issues during the needs assessment for children's behavioral health that is required during the second monitoring period. The review is to be done by an independent, external expert, to be approved by the Panel. The results will be used to address this subject in greater detail in a future report.

## **8. Provide high-quality addiction treatment services and substance abuse services for children and families involved with, referred by, or at-risk of involvement with the child welfare system.**

---

While New Jersey did not commit to any actions under this strategy in this monitoring period, the Division of Addiction Services (DAS) was absorbed into DHS with the intent to provide state of the art intervention to families who are at risk of or have had their children removed. An office in DAS has been designated to work with the OCS reform. In its most recent report to the Legislature, DHS indicated that over the past six months, DAS has begun to expand its services available to mothers whose children are

involved with DYFS. In total, 243 such women were expected to receive DAS services in 2004, increasing to 762 women in 2005.

Additionally, DAS has partnered with the DYFS Training Unit to create training modules for caseworkers to enhance their skills when working with families who may use or abuse substances. The Panel will report in greater detail on the appropriateness and availability of these services in our next monitoring report.

## **9. Meet the educational needs of children in placement.**

---

In *A New Beginning*, New Jersey acknowledged the historic disconnection between the child welfare and education system and promised that OCS would vigorously engage the New Jersey Department of Education, local school districts, administrators, teachers, children and families to ensure that children under any OCS division receive “appropriate educational services.” Towards this end, OCS met its commitment during the monitoring period to appoint a coordinator to lead this effort. She has begun meetings with education officials.

## **NEXT STEPS**

---

- 1) Propose a revised timetable for implementation of the Child Welfare Planning Councils and amend the implementation plan to include clearer goals and objectives; a description of necessary resources and timeline for development; and details about how CWPC will interact with area offices, pre-existing service committees, and the OCS central office.
- 2) Release start-up funding for the first community collaboratives and define immediate priorities to be addressed by the collaboratives, focusing initially on local asset mapping and resource family recruitment and support.
- 3) Expedite the launching of community case management as described in the recommendations in Part III.
- 4) Continue expansions of service capacity, particularly for substance abuse services and mental health services as described in our recommendations in Part III. All RFPs should be controlled by an OCS planning office responsible for ensuring that they are consistent with the reform plan and are not solely limited to expanding the capacity of existing providers.

## H. STRIVING FOR SAFETY AND PERMANENCY IN THE COURTS

### BACKGROUND AND MAJOR CONCLUSIONS

---

In developing *A New Beginning*, New Jersey wisely recognized that successful reform of the child welfare system requires ongoing cooperation with a well-functioning Family Court. The State made a range of commitments, designed to “bring children’s cases to court promptly to help protect children’s safety and all parties’ rights, and...move the cases forward in accordance with applicable standards to achieve permanency for children,” and “ensure that all parties are treated respectfully in court and that the culture of the courts is appropriate to the presence of children, and...explore innovative court models to improve outcomes for children and families.”

Successful implementation of this part of the plan requires a great deal of coordinated activity among the Department of Human Services, the Administrative Office of the Courts, the Attorney General, the Public Defender, and the Juvenile Justice Commission, among others. The State’s plan therefore paid particular attention to the creation of a high-level body that could oversee the implementation of the court-related portions of the reform plan. Most of the reform plan work related to the courts is still in very early stages of implementation and we reserve comment on the State’s progress in this area until the next monitoring report.

### REFORM STRATEGIES AND PERFORMANCE

---

#### **1. Develop a high-level coordinating body, the Interagency Council for Children and Families (ICCF), to oversee and report on court reform efforts.**

---

New Jersey has established the ICCF, chaired by Commissioner Davy of the Department of Human Services, which has met twice and has issued a public report on its work. The ICCF also created a working group of high-level staff which has met regularly for the past six months and has done useful work to advance this section of the reform plan. The Panel cannot yet conclude, however, that the ICCF’s activities amount to a “coordinated agenda for implementing reform strategies,” or a “capacity to track and monitor progress,” as required by the Settlement Agreement. Our review of ICCF agendas and discussions with staff suggest that this body has not consistently played a decision-making role, and that where differences of opinion exist among the agencies involved about how best to implement a part of the reform plan, those differences have not routinely been resolved by the ICCF. The Panel anticipates further conversations with ICCF leadership about the role of this body.

#### **2. Eliminate the practice of accepting voluntary placements of children. (See Benchmark 79)**

---

*A New Beginning* recognized that the “utilization of voluntary placements deprives parents of legal representation in a judicial setting” and, consequently, places children at risk of “languish[ing] in out-of-home placement longer than children who are involuntarily placed.” In keeping with commitments made in the plan, New Jersey has promulgated policies ending voluntary placements in the four Phase I counties, effective October 1, 2004. These policies will be extended to the rest of the State over the next year. While the State deserves credit for moving forward in this area, some questions remain regarding placement agreements used for children needing residential placement or independent living. The Panel will seek to clarify this matter with New Jersey within 30 days of issuing this report, before concluding the State has met its full commitment in this area.

---

### **3. Provide parents adequate notice of initial removal hearings. (See Benchmark 81)**

---

A very basic legal protection, fundamental to a fair and effective child welfare system, is the requirement for prompt judicial review when children are removed from their families. Parents must be informed of these hearings and be represented by counsel when they occur. *A New Beginning* recognized that, in practice, parents have often failed to receive timely notice of initial removal hearings, and committed to developing a plan to address this problem. That plan is due on March 31, 2005, and the Panel will comment on it in our next monitoring report.

### **4. Provide resource families adequate notice of hearings involving children in their care. (See Benchmark 81)**

---

The Federal Adoption and Safe Families Act requires States to inform resource families of court proceedings regarding children in their care, and to give them an opportunity to be heard. The full participation of these families, who often know more about the day-to-day lives of the children under the court's jurisdiction than anyone else, is critical to good decision-making. In practice, however, New Jersey recognized in *A New Beginning* that resource parents have frequently not received adequate notice, and sometimes not received any notice, of these proceedings. The State committed to remedying this basic breach of both the law and good child welfare practice.

The Administrative Office of the Courts (AOC), together with the other agencies that make up the ICCF, developed a plan to assure that notice is sent to resource families in a timely fashion. Following a number of questions and recommendations from the Panel, the AOC presented a revised plan in January 2005. The plan calls for a number of useful actions, including better matching of data between the OCS information system and the court information system and re-training of personnel on this issue. However the Panel remains concerned that the time allotted to this work is too lengthy; the training, for example, is not expected to be completed until the fall of 2006. We anticipate further discussions with the ICCF on this issue.

### **5. Take all reasonable steps to complete abuse and neglect proceedings, permanency hearings, and termination of parental rights and adoption cases in accordance with State and Federal Adoption and Safe Families Act timelines. (See Benchmark 82, Benchmark 83, and Benchmark 84)**

---

Children can be kept safe and provided with a permanent family in a timely manner only if the court process works both effectively and expeditiously. New Jersey has appropriate standards for the disposition of child welfare matters, and the State has determined by reviewing data from the court system that some of these matters (for example, child abuse and neglect proceedings) are regularly concluded in a timely manner. Other proceedings, however, more often encounter delays. These appear to be most significant with regard to termination of parental rights cases, 42 percent of which are pending beyond the timeframes required by the standards.

The ICCF workgroup has studied this subject and has developed a number of very thoughtful proposals for how to expedite these matters. However, these proposals do not yet enjoy the full support of all of the ICCF participants, and to date they have not been adopted as policy by the State. Accordingly, we cannot conclude that the State has fulfilled its obligation to develop and begin to implement a plan for more

timely court proceedings. Given the quality of the work done to date, such a plan is within reach, and we hope it will be completed in the near future.

#### **6. Provide high-quality legal representation to children involved in child welfare proceedings.**

---

The Office of the Public Defender's (OPD) Law Guardian unit represents the legal interests of children who are involved in abuse/neglect and adoption proceedings. In *A New Beginning*, New Jersey recognized that staffing in this unit has not kept up with the expansion of the caseload, and that additional attorneys would have to be hired to allow enough time per case for quality representation of each child. The final target for law guardian caseloads was to be determined after an analysis to be performed by the Public Defender, subject to Panel review and approval.

OPD has proposed a final standard by which the caseloads of law guardians will be reduced to no more than 88 children. Towards that end, OPD has hired 13 additional attorneys, and estimates that by the end of the current fiscal year on June 30, 2005, caseloads will have been reduced to 133 total active children per attorney. The OPD is seeking additional funding, in the second and later years of the reform plan, to further reduce caseloads to the target level.

The Panel has approved the proposed standard, but expressed concern about the amount of time contemplated to achieve it. We plan to meet with the Public Defender and other interested parties to discuss options that might lead to more rapid attainment of the caseload targets.

#### **7. Provide high-quality legal representation to child welfare agency staff through effective collaboration and coordination with Deputy Attorneys General (DAG).**

---

New Jersey has, as promised, developed a protocol for resolving disagreements that arise when child welfare staff and the attorneys who represent them in court differ on the best course of action with regard to a particular child and family. The protocol follows a historical practice, in which such disagreements are brought up the chain of supervision in each agency until they are resolved.

The protocol is a reasonable approach to addressing this issue. It does not, however, speak to the circumstances that are most likely to produce disagreements, nor does it identify the additional activities (for example, joint training or policy clarification) that might reduce their frequency. We suggest that the ICCF work group might usefully analyze these issues and, if warranted, expand the protocol to address them.

#### **8. Provide high-quality legal representation to parents involved in child welfare proceedings.**

---

*A New Beginning* recognized that most parents in child welfare proceedings have been represented by private "panel" attorneys, who were inadequately reimbursed and worked without the support of paralegals, social workers, and clerical help that is available to Deputy Attorneys General (who represent the State) and law guardians (who represent children). To address these needs, New Jersey committed to (i) increasing reimbursement rates for these attorneys; (ii) expanding the staff of the Parent Representation Unit in the Public Defender's office; and (iii) undertaking an independent study of the quality of parent representation.

The actions described above were not expected to be completed during this monitoring period. Hiring efforts are underway, as is the study, which is being conducted by Professor Martin Guggenheim, a nationally recognized expert in this area. The Panel will comment on the results of this work in our next monitoring report.

## **NEXT STEPS**

---

Next Steps deferred until the Panel meets with the ICCF.

## I. DEVELOPING THE NECESSARY CULTURE AND WORKFORCE

### BACKGROUND AND MAJOR CONCLUSIONS

---

*A New Beginning* recognized that meeting the commitments of the reform plan would require “fundamentally transform[ing] New Jersey’s child welfare system” into a “new organization... with the new goals articulated” in the plan. This task requires, as set out in *A New Beginning*, “enormous institutional change, by an agency with a high and important workload, low public support, and a staff reeling and demoralized.” Complicating these challenges is that *A New Beginning* not only envisioned a reformed child welfare system, but a newly created OCS as described in detail in Part III of this report. Overall, New Jersey’s work in this area has been mixed; strong in some regards, but disappointing in others. The State has put impressive efforts into hiring new casework staff and screeners for the recently launched SCR and has achieved its goals in these areas. Caseloads are decreasing and should continue to do so. These are important accomplishments, without which the changes in front-line practice needed to help children and families could not occur. However, as noted in Part III, there remain areas of significant concern. The continued existence of very high caseloads for some workers, and the extent to which investigators remain responsible for ongoing service cases, must be remedied. The State’s work to develop a Training Academy has been disappointing and did not meet the commitments for this period.

### REFORM STRATEGIES AND PERFORMANCE

---

#### 1. Revise and clarify the roles, responsibilities, qualifications, and experience levels expected of staff positions.

---

During this monitoring period, New Jersey committed to (i) revise hiring procedures and promotional requirements for case-carrying staff and (ii) expand their tuition reimbursement program to encourage staff to pursue additional education.

New Jersey has not met its obligation with regard to hiring and promotional requirements. The State established a preference in recruiting front-line staff for individuals with degrees in social work or related fields, but it has not amended its civil service job descriptions and hiring procedures to make this change permanent. Perhaps even more important, the State has not yet found a way to give preference to Master’s level candidates for supervisory positions. As noted in Part III, we believe that these changes are fundamental to the State’s ability to attract and retain a well-qualified staff, and that they must be addressed as priorities by June 30, 2005.

New Jersey has made good progress in developing a more robust tuition reimbursement program for staff to pursue additional education. In 2004, tuition reimbursement under the program increased from \$100,000 to more than \$320,000. In addition, to meet the educational needs of other staff, New Jersey is developing a Career Ladders Program for staff who are interested in a career in child welfare.

#### 2. Provide sufficient, trained staff to screen reports of child abuse and neglect and handle investigations.

---

As discussed earlier, New Jersey committed to develop the SCR for screening abuse and neglect allegations, and separate staff responsible for protective services investigations from those who provide ongoing services to children and families. For the period ending December 31, 2004, the State made two

commitments: (i) hire and train 68 staff to screen calls at the newly launched SCR; and (ii) assign and train a sufficient number of protective workers to meet specific caseload standards.

New Jersey succeeded in hiring the promised 68 screeners, and has recently further expanded their numbers in an attempt to better manage the flow of cases. As noted in the section on *Keeping Children Safe*, the Panel completed a targeted review of the SCR, the findings from which are included in Appendix 1.

New Jersey has made some strides in meeting its commitment regarding investigators caseload standards. Early in the fall, most district offices designated some caseworkers as investigators for protective service cases.<sup>22</sup> The data on the caseloads for these investigators indicates that New Jersey is meeting two of four of its caseload commitments. The average number of new cases assigned per month is on track at 5.4, and, as of November 2004, 100 percent of workers have no more than the target of 14 new assignments per month. The State has not succeeded, however, in meeting the standards for the total number of cases for which these investigators are responsible. Many of these caseworkers retained responsibility for cases they worked on as permanency workers in addition to their new caseloads as investigators. Based on data submitted by New Jersey, in November 2004, the average caseload of investigators state-wide was 19.4, and only 65.9 percent of all workers have no more than 21 cases, well below the standard that 95 percent of workers have no more than 21 open cases.

### **3. Provide sufficient, trained staff to provide permanency (ongoing) services.**

---

For the period ending December 31, 2004, the State's commitment was to hire 260 front-line workers. New Jersey has met this commitment and should be commended for their work to aggressively recruit new casework staff. As noted in Part III of this report, the majority of these staff have been assigned to Phase I area offices (Essex, Camden, Mercer and Passaic counties).

The first enforceable provision concerning caseload size will come into effect on March 31, 2005. At that time, 95 percent of workers in the Phase I offices are to have 20 or fewer families in their caseload. In the rest of the state, 80 percent of workers are to have 30 or fewer families, and there are provisions with regard to average caseload sizes (no more than 19 families in Phase II areas, no more than 22 in Phase III areas). In this report, we take a preliminary look at two issues – whether the State is making progress towards these targets, and the extent to which there remain caseloads so high that children in those caseloads are likely to be receiving at best minimal services.

As of December 31, 2004, New Jersey reports that there were 1,822 case-carrying permanency workers. Of this total, 525 had caseloads of five or fewer families. These workers are presumed to be trainees, though they are not specifically identified as such, and they are excluded from the calculations in the tables below, which show caseload distribution for each of the four Phase I areas and then for the remainder of the State.

---

<sup>22</sup> The district offices that were exceptions to this were expected to change to this model by January 1, 2005.

**Table 13: Caseload Distribution for Staff Assigned More than Five Families**  
**December 31, 2004**

	<b>Total Staff</b>	<b>6-21 families</b>	<b>22-35 families</b>	<b>36-50 families</b>	<b>&gt;50 families</b>
Camden	159	113	34	8	4
Essex	253	171	57	16	9
Mercer	44	32	11	1	0
Passaic	49	43	6	0	0
Total Phase I	505	359	108	25	13
Rest of NJ	792	540	198	51	3
<b>Total</b>	<b>1297</b>	<b>899</b>	<b>306</b>	<b>76</b>	<b>16</b>

*Data supplied by OCS. Not independently verified.*

**Table 14: Percent of Caseload Distribution for Staff Assigned More than Five Families**  
**December 31, 2004**

	<b>Total Staff</b>	<b>6-21 families</b>	<b>22-35 families</b>	<b>36-50 families</b>	<b>&gt;50 families</b>
Camden	159	71.1%	21.4%	5.0%	2.5%
Essex	253	67.6%	22.5%	6.3%	3.6%
Mercer	44	72.7%	25.0%	2.3%	0.0%
Passaic	49	87.8%	12.2%	0.0%	0.0%
Total Phase I	505	71.1%	21.4%	5.0%	2.6%
Rest of NJ	792	68.2%	25.0%	6.4%	0.4%
<b>Total</b>	<b>1297</b>	<b>69.3%</b>	<b>23.6%</b>	<b>5.9%</b>	<b>1.2%</b>

*Data supplied by OCS. Not independently verified.*

Similar data are not available for the period before the reform effort began, so it is not possible to calculate directly the extent of caseload improvements over the past six months. Nevertheless, it is clear that New Jersey has made considerable progress in reducing caseloads for many of its front-line staff. Over the course of the monitoring period the State has used impact teams, a combination of contracted staff and designated seasoned public agency caseworkers, to assist districts in caseload reduction. More than 70 percent of workers in the four Phase I offices, and nearly that many in the rest of the State, have caseloads of 21 or fewer families, within sight of the goal of 15 or fewer that is to be reached in the Phase I offices by June 2005 and thereafter in other counties.

Nevertheless, these data also provide cause for continued serious concern about the number of workers with caseloads so large that they are inconsistent with even the most basic level of service provision to children and families. By even an extreme definition of what constitutes a clearly excessive caseload, the fact that 92 workers (38 of them in Phase I offices) are still assigned 36 or more families indicates that New Jersey still has much work to do in bringing caseloads down to safe and manageable levels.

The implications of even a small number of workers having such large caseloads are greater than may be apparent from the tables above. If we reverse the question, and ask how many children and families are assigned to workers with clearly unmanageable caseloads, the magnitude of the problem becomes clearer. For example, the Panel has analyzed worker-by-worker data for Camden North, which is a local office in one of the four Phase I counties. This office has 114 workers, of whom 46 are assigned five or fewer cases and are presumably trainees. Caseloads for the remaining workers break down as follows.

**Table 15: Worker Caseloads**

	# of Workers	# of Families	Average Caseload	% of Total Cases
Workers with fewer than 30 families	52	814	15.7	55.6%
Workers with 30 or more families	16	651	40.7	44.4%
<b>Total</b>	<b>68</b>	<b>1465</b>	<b>21.5</b>	<b>100.0%</b>

*Data supplied by OCS. Not independently verified.*

Sixteen workers in this office (less than one-fourth of the experienced staff members) have caseloads of 30 or more families, but these sixteen workers are responsible for 44.4 percent of the families being served. In other words, although many new workers have been hired and many experienced staff now have lower caseloads than they used to, nearly half of the children in this office are still very likely to be receiving minimal levels of individual attention from clearly overburdened workers.

As noted in Part III of this report, New Jersey must supplement its good work in caseload reduction by speedy action to remedy the unacceptable number of workers who continue to have caseloads so large as to be clearly unmanageable. Specifically, in Part III, we recommend that New Jersey add to its existing commitments with regard to caseload sizes concrete actions designed to ensure that by June 30, 2005 no worker will have a caseload of 30 or more families. Recognizing that work remains with caseload reduction efforts, the State has begun to reallocate impact teams to area offices with the highest caseloads.

Finally, we have an additional observation regarding caseload reports for permanency workers. In their current form, data suggests that there remain a small number of uncovered caseloads (i.e. the phrase "Caseload Vacant" appears in place of a worker's name). To the extent that this is true, actual caseloads may be slightly higher than reported, as other workers share responsibility for these cases until a new worker can be assigned to them. New Jersey must address the issue of uncovered caseloads and create a caseload report that accurately reflects the status of all cases.

#### **4. Provide sufficient, trained staff to recruit, retain, license, and support resource families.**

*A New Beginning* acknowledges the critical importance of identifying and supporting the resource families on which the State depends to care for most children in out-of-home placement. Towards that end, New Jersey committed to hiring resource family support workers as discussed earlier. While no actions were due this period regarding this strategy, OCS has reported that obstacles have developed in filling some of these positions. We will comment on this area in the next monitoring report.

#### **5. Provide sufficient, trained staff to facilitate family team meetings.**

New Jersey has identified and is beginning to train 58 staff, predominantly from their existing cadre of case practice specialists, as initial Family Team Meeting facilitators. The training orientation that took place in January was reportedly very good and we expect that the subsequent training will be of high quality. As noted in the section on *Achieving Permanency for Children*, we are concerned that the staff identified for the training continue to have other critical responsibilities that support quality practice at the local level, and that the number of meetings to be facilitated may quickly prove too large for this relatively small group to handle. We also note the importance of establishing stronger connections between this training and the rest of the curriculum to be developed by the OCS Training Academy; we

expect that greater detail regarding integration will be included in the revised training plan due in June 2005.

---

**6. Provide sufficient, trained specialists to support the needs of adolescents.**

---

*A New Beginning* recognized that adolescents have different needs from younger children and committed to creating a new position called Adolescent Specialists for every office. New Jersey has committed to hiring 136 Adolescent Specialists in Fiscal Year 2006.

---

**7. Provide sufficient, trained specialists to support children with a goal of adoption.**

---

As described in the section on *Permanency for Children*, New Jersey has made a commitment to “maintain the child’s relationship with her existing caseworker” by bringing “adoption expertise into the district offices, and assigning adoption specialists whenever a child receive the goal of adoption.” Many district offices have already received this adoption capacity ahead of schedule and the others are on schedule to receive this capacity by March 2005.

---

**8. Provide sufficient, trained supervisors to support front-line staff.**

---

Front-line staff need consistent support and direction from supervisors to perform their jobs well. *A New Beginning* sets forth a goal of a 1:5 ratio of supervisors to workers which, according to New Jersey, requires hiring 101 new supervisors in FY 05.

One resource that has been made available to supervisors has been a 10-week intensive leadership/supervisor development training offered by Leadership Transformation Group, an organizational management firm. The training includes such topics as appreciative inquiry, delegation, working with difficult people, and conflict management. These skills are critical in moving OCS toward a more client focused practice model. By the end of December, over 150 supervisors had completed the first six weeks of the training. Initial reviews by participants were extremely favorable. In fact, participants were so enthusiastic about the training, they have asked that senior level leadership also go through the course.

Regarding supervisor vacancies, at the end of 2004, New Jersey had 25 supervisor vacancies, just over half of which were new supervisor positions. While New Jersey may meet its hiring target by June 2005, we are concerned that supervisory positions continue to be made available only to applicants who are already employed within DHS. During the development of *A New Beginning*, New Jersey committed to reviewing this aspect of its personnel practices and promised that if sufficient qualified and experienced staff could not be identified inside the agency, it would open up some supervisory positions to outside applicants with child welfare experience. The State has not yet taken this action, which has the additional benefit of supplying the system with new perspectives and energy, and it appears to the Panel that it will need to do so.

New Jersey also committed to having 95 percent of all supervisors doing field visits with workers by the end of 2005. To accomplish this, the State recently revised its policy to require that supervisors accompany each staff member on field visits at least once per month. Current caseload issues may make this goal difficult to realize in the short-term.

**9. Develop an array of positions through out the Office of Children’s Services and Department of Human Services, to provide other necessary supports to the caseload carrying staff.**

---

OCS must ensure that the staff who are working with children and families are supported on a variety of administrative functions. As part of this commitment, New Jersey pledged to hire staff in a number of units. During this monitoring period, the specific commitment was to expand staffing in the Office of Licensing Children’s Residential unit. To this end, New Jersey hired 34 additional staff for this unit during the monitoring period.

**10. Effectively monitor and remediate situations in which a worker’s caseload exceeds the standards.**

---

As noted earlier in this report, *A New Beginning* emphasized that the “system must make it possible for workers to meet their serious responsibilities” through, among other things “reasonable caseloads.” To this end, New Jersey undertook to deploy an automated system to monitor caseload sizes of individual workers.

This fall, OCS developed new caseload reports for both investigative and permanency workers. These reports usefully summarize statewide data; disaggregate information by district office and individual worker; and identify caseload sizes in relation to the caseload commitments made by New Jersey. They could be further improved by clearly identifying which staff members are trainees and by showing, for each worker, the total number of children served, and the number of children in out-of-home care, as these data are also relevant to some of the State’s caseload commitments. In this next monitoring period, New Jersey has committed to use these reports to monitor and remediate caseload problems.

**11. Provide uninterrupted service to families, despite attrition, temporary leaves, training or education-related absence, or fluctuations in the system-wide caseload.**

---

As noted earlier, caseload management is critical to ensuring that New Jersey children and families receive uninterrupted case planning and other important services. By the end of 2006, New Jersey has committed to “over-fill” casework positions so it will have staff available to take on caseloads immediately when a worker leaves the agency or is transferred.

**12. Establish a New Jersey Child Welfare Training Academy with the capacity to coordinate and provide high-quality pre-service and in-service training for the Office of Children’s Services workforce, community partners, and resource families; and**

**13. Develop, adapt, and/or purchase curricula that are both reflective of the new practice model and the larger reform effort.**

---

Training is one of the central elements of *A New Beginning*. New Jersey recognized that, while lower caseloads and expanded services were essential preconditions for success, those changes alone would not produce the desired results for children and families. Staff at all levels must learn a new way to practice, including sound techniques for engaging families; assessing strengths and needs; convening and facilitating a Family Team Meeting; and crafting individualized service plans. Staff assigned to specialized units also need to learn to carry out such tasks as protective investigations, resource family support, and adoption recruitment and support. In all of these areas, content knowledge is not enough.

Staff and supervisors must learn and practice the *skills* they need to carry knowledge into their day-to-day work with children and families.

During this monitoring period, New Jersey committed to (i) create a training plan identifying the needed resources – curricula consistent with the State’s practice model and trainers capable of delivering this training and; (ii) develop a set of specialized training modules to supplement training of existing staff, including Structured Decision Making, Family Team Meetings, and investigations.

Neither the plan presented to the Panel on December 31 nor the training activities conducted to date meet the commitments of the monitoring period. OCS built a training infrastructure, including the assignment of dozens of staff to a new training unit, before it had identified what tasks those staff would do and what competencies they would need in order to do them. It has developed some new training curricula – for example, for protective services investigators – in isolation from the remainder of the plan, and in some instances with components that are in conflict with key values and commitments in the plan. In some instances where expert outside help is available (for example, in developing training regarding Family Team Meetings), OCS has not made effective or efficient use of that help to date. Finally, neither a Training Academy, nor the partnerships with educational institutions that might both support such an entity, presently exists to maximize the availability of Federal reimbursement for training.

OCS has recognized these issues and has secured the services of a well-qualified Assistant Commissioner for Training, who is to begin her responsibilities in March 2005. The Panel expects that the State will provide a new training plan, addressing both pre-service training of new workers and re-training of the existing workforce no later than June 30, 2005; however, we are hopeful that some important decisions can be made well before that date.

---

**14. Ensure that staff and supervisors taking on regular responsibilities have successfully completed training prior to assuming responsibilities or have successfully completed re-training, if they assumed positions prior to 2005.**

---

New Jersey committed, in *A New Beginning*, to a radical proposition: the right test of competence is not whether one has attended training, but whether one has learned and can demonstrate the knowledge and skills that the training is meant to establish. Accordingly, the State committed to developing competency tests connected to both pre-service and in-service training. The attainment of this worthwhile goal will be delayed because of the difficulties described above, and the revised training plan will need to propose new dates by which competency tests will be in place.

---

**15. Prepare OCS staff to competently meet the needs of a diverse client population.**

---

New Jersey’s child welfare serves a diverse population of children and families. Thus, *A New Beginning* rightly recognized that “cultural competency” is a core competency for both investigative and permanency workers and a priority area in which to develop training. New Jersey has committed to develop a plan to improve cultural competence of service delivery by OCS staff and community partners, based on an assessment to be prepared by an independent consultant. The plan is due in June 2005.

## **NEXT STEPS**

---

- 1) Take rapid action per our recommendations in Part III to remedy unmanageable caseload sizes by June 30, 2005.
- 2) Revise hiring and promotional requirements to create a preference for front-line staff with a BSW, MSW or other related degree, and a preference for supervisor with a MSW or another related advanced degree.
- 3) Open supervisory vacancies to qualified candidates not currently employed as OCS supervisors.
- 4) Develop a new OCS Training Academy plan by June 30, 2005.
- 5) Revise the caseload management report format to add, for each worker, the number of children in out-of-home care and the total number of children on the caseload, and to clearly identify which workers are trainees.

## J. INFRASTRUCTURE AND RESOURCES

### BACKGROUND AND MAJOR CONCLUSIONS

---

The reform goals set forth in *A New Beginning* will not be achieved without a thoughtfully designed organizational infrastructure as well as an appropriate level of funding and information technology. For too long, as described in *A New Beginning*, New Jersey's child welfare agency was overwhelmed, under-resourced and spread too thin. Moreover, its information technology systems were unable to track basic information such as worker contact with children and families, availability and location of resource families and status of children's medical care. Acknowledging this, *A New Beginning* envisioned a newly created OCS to support DYFS, DCBHS and DPCP.

During this monitoring period, New Jersey has made limited progress in this area. As described in Parts I and III of this report, the Panel has major reservations about the current structure of OCS. In addition, area offices seem far removed from reform planning, and are not currently organized to support an integrated children's services system. Many of the recommendations in Part III address our infrastructure concerns covered in this section, and are therefore not repeated here. We are encouraged by recent indications from OCS and DHS leadership that they are considering significant actions to address these organizational issues.

### REFORM STRATEGIES AND PERFORMANCE

---

#### 1. Structure the Office of Children's Service to provide an integrated, supported continuum of services for children and families.

---

*A New Beginning* envisioned OCS as "agency within an agency," an independent entity with its own infrastructure supports and its own decision-making authority that "would not have to compete with DHS ... for DHS-wide infrastructural personnel or resources" and that would create "an integrated continuum of services for children and families." These goals have not yet been achieved.

DHS and OCS have taken the majority of the specific steps that were to be accomplished in this first monitoring period: (i) establishing OCS within the Department of Human Services; (ii) hiring a qualified Deputy Commissioner for OCS; (iii) appointing qualified, accountable senior leaders<sup>23</sup> responsible for critical functions within OCS; (iv) and signing a Memorandum of Understanding to coordinate the Juvenile Justice Commission's work with OCS. These actions, however, do not amount to an organization that provides an "integrated, supported continuum of services for children and families" as required under this strategy.

Given the above, the Panel has recommended specific actions that New Jersey can take in the next 30 days to try to remedy these problems. The actions are set forth in Part III. In addition, as noted in Part III, the Panel will formally evaluate the OCS organizational structure during the next monitoring period and consider whether we believe the "agency within an agency" strategy is a viable organizational mechanism for a reformed children's services system.

---

<sup>23</sup> The new, critical Senior Leadership positions include but are not limited to: Assistant Commissioner of the Division of Prevention and Community Partnerships, and Medical Director. A Director of Resource Family Recruitment, Retention, and Support has not been hired and an Assistant Commissioner of Training was hired and will begin work in March 2005.

## **2. Establish Area Offices based on a county structure (or combination of small counties, as appropriate), divided into District Offices, responsible for child welfare, children's behavioral health, and community partnerships and prevention.**

---

*A New Beginning* recognized that to “implement the plan, [New Jersey] must completely restructure the organization at every level, from DHS to the DYFS district office.” At the local level, the plan called for the establishment of 15 area offices, responsible for a county or, in rural areas, two or three counties. During this monitoring period, OCS pledged to (i) identify appropriate locations for Phase I area and district offices by September 30, 2004; and (ii) hire qualified leadership for Phase I area and district offices by December.

First, New Jersey has identified sufficient office space to house its now much larger staff in the four Phase I counties. Most of this space was procured under emergency regulations, and it will be used for two years until suitable long-term space can be found. It is essential that these permanent locations be established in or near the communities from which most children enter out-of-home care. This has not been the case for most of the temporary space identified to date.

Second, while New Jersey has hired leadership for the Phase I area and district offices, there are, in our view, three fundamental problems with the work that has been done to date. To begin, in order to have fully functional area offices, OCS must designate area office directors. Currently, each of the three divisions has named a manager from within its own ranks, so that area offices have a child welfare director, a behavioral health team leader, and a prevention and community partnerships team leader, none of whom has final authority for the functioning of the office as a whole. This arrangement is not functional, and it must be remedied promptly.

New Jersey must work steadily to identify and support high quality leadership in area offices. OCS has assigned managers to senior roles in the area and local offices, and must now continuously evaluate these managers' talents and abilities to spearhead local reform. The State needs to be clear about the performance expectations for local leaders and must provide them with the information and supports necessary to carry out their responsibilities. They also must continue to build the skills and capacities of those leaders while simultaneously holding local leadership accountable for performance.

In addition, the central direction of the reform effort must occur with maximum participation from the area office leaders who are responsible for turning reform plans into reality in OCS's day-to-day work. In our experience, decisions are routinely made without meaningful participation from the area offices, and operating plans are created and submitted to the Panel without having been reviewed by the managers who will have to implement them. Going forward, area office Directors must be convened regularly by OCS leadership to participate in policy and practice planning and decision-making.

## **3. Create an MIS and IT support system to integrate and maintain the technical and data needs of the Office of Children's Services.**

---

An integrated data system for OCS is one that supports the coordination, tracking and timely reporting of how well New Jersey is performing for children and families. In this area, New Jersey made two commitments for this monitoring period: (i) to develop an MIS/IT plan; and (ii) to introduce Release I of the NJ Spirit system.

First, the MIS/IT plan submitted is, in fact, a “plan to plan” and thus does not meet the commitment made for this monitoring period. It is stronger in identifying issues that must be resolved than it is in clearly delineating which units will be responsible for specific activities and how the work of these multiple units

will be coordinated. These include such critical areas as monitoring the development of NJ SPIRIT (the State's automated child welfare information system) and developing the data reports (including reports from the benchmarks discussed in the section on *Continuous Quality Improvement*) needed to monitor implementation of the reform plan. As described in Part III of the report, these organizational issues must be resolved promptly.

Moreover, while the IT plan identifies solutions for some information needs, it does not address other very important data areas, such as availability of child and family medical data, accurately tracking and measuring caseload size, and resolution on many of the benchmarks identified in *A New Beginning* that New Jersey currently does not measure. Much of the plan is contingent on an assessment of OCS's IT needs by an outside consultant, which under the State's most recent timeframe will not be completed until June 2005. Accordingly, the Panel will reserve final judgment on the MIS/IT plan until we review the consultant's report.

A second commitment that OCS made regarding MIS and IT support was to introduce Release 1 of the NJ SPIRIT system by December 2004. As described in the Appendix report on the SCR, New Jersey succeeded in carrying out this plan on time. We discuss some IT operational problems in our targeted review of SCR, found in Appendix 1.

We note one further area of concern not described in Appendix 1. Like automated child welfare information systems throughout the country, New Jersey's original plans for NJ SPIRIT were focused on developing a set of tools for child welfare services only. Meanwhile, an entirely separate information system known as ABSolute is in place for behavioral health services. OCS and its divisions all recognize the importance of integrating these two systems, but the plan and timetable for doing so are not yet clear. We expect that the MIS/IT consultant hired by New Jersey as described above will provide additional guidance on this issue and thus expect a timeline and plan for this integration in the supplemental information submitted to the Panel by June 2005.

---

#### **4. Make all reasonable efforts to ensure the continued availability of sufficient resources.**

---

*A New Beginning* included a commitment by New Jersey to reverse years of inadequate resources, and provide an additional \$180 million per year for children's services. This figure was to be reached in two steps, with \$125 million added to the budget for the current fiscal year, which began July 1, 2004, and the remaining funds added for next fiscal year. The Governor's Office and the Legislature worked together effectively to provide the first installment this year. The second installment is equally critical to the success of the reform plan. We applaud Acting Governor Codey for including the required funds in his recent budget proposal to the legislature.

---

#### **5. Maximize federal financial participation for reimbursable services.**

---

For the reform effort to be sustained over time, New Jersey's impressive commitment to provide additional State funding must be matched by careful work to maximize Federal reimbursement. The State committed to develop a revenue maximization plan by December 31 2004 and has submitted a document addressing this issue to the Panel. In our view, however, it is not yet a concrete plan of action, as it does not estimate either the revenue increases that can be achieved or the level of effort and specific actions required to generate those revenues. It therefore does not meet the commitment made for this monitoring period. OCS has confirmed that no formal reports have yet been produced by its consultants and that "some preliminary ideas have been suggested by the consultants, but they are still under review by state staff." We will work with OCS to identify a new date by which they will supplement their submission

with a revised timeline of this work, including an update on the work of the consultants and of any internal revenue maximization workgroups.

#### **6. Implement county-based budgeting for children's services.**

---

As noted earlier, the reform plan aims to support greater influence at the local level in determining what services and supports are needed to protect children and strengthen families. In order to do this work, local leaders need clear information about what is being spent in their area and for what purposes. Accordingly, New Jersey committed to develop county-based budgets for children's services. The first such budgets are to be in place by no later than FY 2007.

#### **7. Strengthen the ability of non-profit organizations in New Jersey to provide high-quality services to children and families referred by or at-risk of child welfare involvement.**

---

*A New Beginning* recognizes that New Jersey relies on private, not-for-profit organizations to deliver many of the essential services needed by children and families. In at least some service areas, State reimbursement to these providers has not kept up with inflation, and salaries are well below those offered in the public sector. Accordingly, New Jersey has committed to develop a plan to address low salaries and benefits, based on the work of a task force including private provider representatives. This plan is due by March 2005.

#### **NEXT STEPS**

---

- 1) Implement the recommendations for organizational re-design contained in Part III.
- 2) Routinely include area office directors in the development and approval of new plans, policies, and procedures.
- 3) Ensure that the consultant hired to study data issues for OCS provide substantial guidance about the integration of DCBHS' ABSolute system and NJ SPIRIT.
- 4) Ensure that OCS receives the full budget needed to continue reform plan implementation in FY 2006.
- 5) Establish a new timeline for submitting a revenue maximization plan in consultation with the Panel.

## K. CONTINUOUS QUALITY IMPROVEMENT

### BACKGROUND AND MAJOR CONCLUSIONS

---

In *A New Beginning*, New Jersey committed to creating a “robust program of continuous quality improvement (CQI) that will regularly evaluate all aspects of the system.” In acknowledging that the system does not currently approach this standard, *A New Beginning* describes an existing quality assurance system that lacked “continuous feedback on performance;” and rarely “lead to program, practice and or service changes.” To overcome these problems, *A New Beginning* envisioned a new way of reviewing case work, tracking progress, delivering feedback and integrating CQI system functions.

In the first monitoring period, New Jersey made some progress in this area. Its performance-based contracting plan is a thoughtful and ambitious blueprint to improve OCS contracting processes. Its CQI plan, while descriptive about CQI processes, must be supplemented by a short memorandum that clearly describes how OCS will coordinate and organize the CQI functions of all OCS divisions into one centralized unit as described earlier in Part III. Its work related to the establishment of baseline measures for the benchmarks identified in *A New Beginning* was marginal. Consequently, as described further below, by June 30, 2005, New Jersey must identify a core set of management data derived from the benchmarks that its leaders and managers will use routinely to track progress on reform.

### REFORM STRATEGIES AND PERFORMANCE

---

#### 1. Develop the Office of Children’s Services’ capacity to engage in Continuous Quality Improvement.

---

*A New Beginning* promised to “[c]reate, reorganize and integrate” CQI activities for OCS. To do this, New Jersey committed that by December it would (i) develop a comprehensive CQI plan; and (ii) establish baseline measures for the benchmarks in *A New Beginning* so that New Jersey could begin to track its progress on reform.

In December 2004, OCS submitted the plan for Panel review and approval. On the whole, the plan does a comprehensive job of describing CQI processes and properly emphasizes two important themes. First, the plan recognizes that the majority of CQI activities should occur outside of central office and establishes a local CQI structure. Second, it acknowledges that a CQI office must act as both monitor and teacher of reform, and identifies CQI responsibilities for evaluation as well as for ensuring stakeholder participation and provide feedback to frontline staff and others.

Despite these strengths, the plan must be supplemented to provide greater clarity about organizational resources that are or will be devoted to CQI work. The role of DHS and its relationship to OCS remains unresolved. For example, *A New Beginning* committed to moving the Institutional Abuse Investigations Unit to OCS including its corrective action staff, but the CQI plan notes that institutional abuse corrective action staff will remain at DHS, providing no rationale for this decision. The plan is similarly silent about the unique and/or overlapping functions of the new OCS CQI unit and the existing units at DYFS and DCBHS, and the new CQI function in DPCP. We are, however, encouraged by two recent actions in this area. First, OCS leadership has committed to address the organizational issues directly regarding CQI. Second, recent meetings between OCS and DYFS regarding New Jersey’s responsibilities under the federal Program Improvement Plan are encouraging and signal a positive step toward coordinated work.

Developing OCS's capacity for CQI also requires an ability to identify, track and report on the benchmarks identified in *A New Beginning*. In the Panel's view, New Jersey significantly underutilizes data to track progress and to inform decision about the reform. First, New Jersey has not yet identified a core set of management data that its leaders and managers will use to consistently track progress on reform, and the State has been able to provide information on a limited number of the benchmarks contained in the reform plan. While New Jersey has recently begun to assemble data in new ways, such as distributing data packets at district office meetings, none of it yet appears in a format that makes it easy to measure progress, identify problems, etc. Second, there are significant questions about the reliability of much of the data now used. Finally, the OCS data and IT units are hampered by lack of organizational clarity. Without this clarity, the OCS data and IT units—like CQI—are simply additional layers within the DHS and OCS structures.

While some delays in this area are to be expected, New Jersey must develop far more effective ways to utilize data as a management tool. Accordingly, we request that New Jersey review the 109 benchmarks in *A New Beginning* and identify a core set to be used by OCS managers to consistently track reform. In completing this task, New Jersey is free to suggest to the Panel that some of the benchmarks identified as enforceable be modified and/or deleted. This activity should be coupled with New Jersey's work to develop quarterly and annual data reports described under strategy number two in this section. We request that New Jersey submit to the Panel a proposed short list of benchmarks by the end of April 2005. By June 2005, the Panel expects the launch of a monthly data report for all OCS managers.

## **2. Publicly report on performance and progress toward outcomes.**

---

Publicly reporting on performance and progress is important to New Jersey's child welfare reform. DHS Commissioner Davy, OCS Deputy Commissioner Way and DYFS Assistant Commissioner Cotton have made it a priority to talk with stakeholders throughout New Jersey about the progress of reform. The Panel's site visits with workers have found that these efforts have been very well received, particularly by workers who are encouraged that their leaders are spearheading reform and are anxious to understand how proposed changes are experienced in the field. In addition, New Jersey has begun to submit quarterly progress reports to the Legislature.

The specific actions under this strategy—to publish quarterly and annual data reports at the state and local levels—are not expected to be completed until March 2005 and will be reported on in the next monitoring report.

## **3. Hold private providers accountable for improving outcomes for the children and families they serve.**

---

Many services critical to children and families are provided by contract entities. These include residential treatment, in-home behavioral health, and post-adoption services, to name just a few. Historically, reimbursement to these providers has usually been based on cost or on the number of units of services provided, and evaluations of provider performance have focused on compliance with regulatory standards. In *A New Beginning*, New Jersey committed to a new approach, in which performance will be judged primarily by the outcomes providers produce (for example, families safely maintained intact, or timely permanency for children in out-of-home care), and reimbursement will ultimately be tied to performance.

The State's plan called for a detailed implementation plan for performance-based contracting to be developed by December 31, 2004 for Panel review and approval. New Jersey has secured the help of consultants from the Rensselaerville Institute, a non-profit organization with a long history of expertise in this area. OCS delivered the performance-based contracting plan on schedule, and the Panel finds it to be a thoughtful and ambitious approach to reforming the OCS's contracting process.

## **NEXT STEPS**

---

- 1) Revise and supplement the CQI plan in light of recommendations in Part III of this report.
- 2) Generate a short list of benchmarks that will be regularly and reliably used by OCS leaders and managers to track reform.

## **APPENDIX 1—TARGETED REVIEW STATE CENTRAL REGISTRY**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

In *A New Beginning*, the State committed to creating a centralized child abuse hotline, responsive to reports 24 hours per day, seven days per week by September 30, 2004, and to deploying sufficient resources to address language barriers in the reporting of child abuse and neglect. OCS met this commitment ahead of schedule on July 1, 2004, when SCR began operating. Given the critical importance of the screening functions for the protection of children in the state of New Jersey and the high public visibility of this change, the Panel conducted a targeted review of New Jersey's new SCR.

### **METHODOLOGY**

---

The Panel's review of SCR involved a review of documents, statistical reports and on-site observation at two different points in time.

### **Documentation and Data Analysis**

---

Panel staff reviewed documents including screening policies, procedures and protocols, completed report formats, and screener job responsibilities. We also reviewed statistical reports from OCS. DYFS provided administrative data on the number of calls received and their distribution according to screener decisions (accepted for Investigation, Assessment of Child Welfare Service need, and the number of calls referred for other services, including those available through DCBHS.) In addition, panel staff obtained data about SCR operations from their automated Call Management System.

### **On-site Observations**

---

Panel members and staff observed the screening operations on two occasions covering both day and evening shifts in the first two weeks of December 2004. In total, approximately 20-30 staff hours were spent in observation and observers listened in on 23 complete calls. Observations included listening to workers answering calls and documenting information gathering and follow-up procedures. The observers used a structured data collection instrument for each call observed. Panel staff also spent several hours in early January 2005 becoming familiar with the NJ SPIRIT module (Release I) that the screeners use to record the reports and send them to the field. Finally, staff returned on February 1, 2005 to learn more about the progress of changes made since their initial observations.

During these visits, Panel staff conducted interviews with SCR management and screening staff and supervisors. A limited number of staff were interviewed individually and in a small group about what they believed to be working well, areas for improvement, training received, decision making process, capacity to respond to non-English speaking reporters, response to mandated reporters, screening protocols and documentation.

OCS, DYFS, and DHS CQI units and the Plaintiffs provided feedback on the observation instrument. The targeted review plan and the observation instrument were shared with OCS and SCR management before the scheduled observations. Representatives from the three CQI units participated in the on-site observations.

## **ACTIONS AND PERFORMANCE**

---

Centralizing the child abuse and neglect screening function is an enormous undertaking and the state deserves credit for mounting the change and implementing it two months ahead of schedule. The state should also be recognized for making SCR accessible to non-English speakers through bilingual staff and arranging for a link to an innovative language interpretation service. Nonetheless, implementation has been uneven and operations have yet to achieve the standards of practice set by the State. Making this change to state operations while implementing the range of reform strategies encompassed in *A New Beginning* required focused leadership and resources that may have been stretched given the other changes the state was pursuing. In addition, moving SCR from one physical location to another in October 2004, further complicated the task of creating a stable operation. Finally, simultaneously launching a new statewide automated child welfare information system while at the same time trying to stabilize SCR operations added new challenges for screeners and management.

Over the first six months, SCR was not the efficient and effective operation the State desires. Caller response times increased and the number of abandoned calls increased. Increasing numbers of callers who stayed on the line were unable to speak directly to a screener, instead leaving a message with clerical support. Screeners then had to devote time to calling back those reporters rather than taking new calls, thus perpetuating an increasing back log of “call backs.” Senior OCS leadership, including the Assistant Commissioner DYFS “pitched-in” as screeners as time permitted.

Recent OCS corrective actions have led to improvement in SCR performance. Unfortunately, some of the changes now underway may take several additional months to complete. Among the corrective actions are the following:

- More screening staff have been hired, and the percentage of calls answered by screeners is increasing;
- Several procedures and practices have been implemented that will allow SCR management to get a better handle on the disposition of all calls, improve response consistency, and target supervision on screeners needing more support and direction;
- Minor automated system problems are being regularly prioritized and fixed;
- A major information system modification has been requested but will likely not be ready for implementation for several weeks;
- Outside consultants have been hired to conduct an independent review of the screening decisions;
- Call taping systems are being evaluated for purchase.

In addition, work continues to better define the criteria for accepting calls for Child Welfare Service assessments referrals. OCS still needs to demonstrate that screening decisions are appropriate and consistent among screeners and that reports are reaching the field within the one hour standard it has established. Accuracy of information about call distribution reported from SIS will continue to be a problem until NJ SPIRIT is fully implemented in late 2005.

The remainder of this review provides information and findings about the SCR in four areas:

- responding to calls;
- gathering sufficient information and making decisions about the report;
- getting the reports to the field; and
- staff credentials, training and quality assurance.

In addition, this review includes a description of on-going automated system problems that will continue to affect the productivity of the SCR and the accuracy of call distribution reporting. The report concludes

with a more detailed description of OCS' corrective actions and our recommendations for continuing to strengthen operations.

## **Responding to Calls**

---

A first step in keeping children safe is a quick and efficient response to community concerns about possible abuse or neglect or family requests for help to safely rear their children. New Jersey set an internal standard that all calls to the SCR would be answered within 30 seconds. To help achieve that standard, OCS established a round-the-clock coverage schedule with the maximum number of individuals during the hours of 10:30 A.M. to 3:00 P.M. when call volume is highest. On December 7, 2004, the day before our first observation, an average number of 21 individuals staffed the SCR operations over the 24 hour period. If all the screeners are busy -- either on the phone, writing up a report, on break, etc -- the telephone system automatically routes calls to clerical staff for later screener follow-up.

- **After several months of declining operational performance, SCR is improving.**

Between July and November 2004, overall response time and the number of calls routed to a message taker continued to increase. Abandoned calls (where callers drop off the line before the call is answered) increased from seven percent to 20 percent of all incoming calls. Since December, however, responsiveness has improved.

Between July and December 2004, SCR received an average of nearly 19,000 calls a month. The average elapsed time before calls were answered increased from 13 seconds in July 2004 to over 40 seconds in October through December 2004, with the high point being 48 seconds<sup>24</sup> in October 2004. As the volume increased, the percentage of calls actually answered by a screener dropped each month from 87.4 percent in July 2004 to 61 percent in November 2004. In addition, the number of callers who had to leave a message with clerical staff, increased from 1,233 in July 2004 to 4,084 in November 2004. Not surprisingly, the number of abandoned calls --callers who hung-up before talking to any one at the SCR -- also increased, from 1,448 in July 2004 to 4,662 in November 2004. This means that almost 18 percent of the callers in November 2004 had to leave a message rather than give their information directly to a screener and 20 percent of the callers gave up.

December 2004 saw some improvement. Screeners answered almost 68 percent of the calls; clerical back-up took messages from 13 percent of the callers and about 19 percent of the callers hung up. Substantial progress occurred in January 2005 after a change in management and the addition of more staff. Call response time was down to 17 seconds and screeners answered nearly 83 percent of the calls while about 8 percent were abandoned. Table 16 provides the monthly response statistics for July -- December 2004 and January 2005.

---

<sup>24</sup> August 2004 is an exception. In August, the average waiting time was 12 seconds.

**Table 16: Monthly SCR Call Response Statistics**  
July-December 2004 and January 2005

<i>Month</i>	<i>Total Calls</i>	<i>Average Time to Answer (seconds)</i>	<i>Calls Answered by Screener (number/ % of all calls)</i>	<i>Calls Answered by Clerical Back-up (number/ % of all calls)</i>	<i>Abandoned Calls (number/ % of all calls)</i>
July	21,220	:13	18,539 (87.4%)	1233 (5.8%)	1448 (6.8%)
August	18,520	:12	16,156 (87.2%)	1261 (6.8%)	1103 (6.0%)
September	20,896	:19	16,952 (81.1%)	2120 (10.1%)	1854 (8.7%)
October	23,210	:31/:48	14,659 (63.0%)	5120 (22.0%)	3481 (15%)
November	23,184	:43	14,438 (61%)	4084 (17.6%)	4662 (20.1%)
December	23,379	:41	15,930 (67.5%)	3045 (13.0%)	4404 (18.8%)
January '05	20,598	:17	17,028 (82.6%)	1857 (9%)	1713 (8.3%)

*\* Note: Data supplied for October was for split because of the move from one location to another.  
Totals are not always 100 percent due to rounding. Data supplied by OCS. Not independently verified.*

On December 8, 2004, the first day of the Panel's formal observations, the afternoon and evening shifts ranged from about 31 to about 24 individuals each half hour. Yet during our observations, no more than four to seven screeners were available at any one time to take a call. The staff was involved primarily in calling back a previous reporter, writing up a report, or conferring with their supervisor. Management and staff informed us that, most often, individuals are not available to take new calls because they are writing up reports. Analyzing the data available from the Call Management System for November 2004 confirmed that this observation was not unusual. During the month of November 2004, about one third of the staff was available to take calls 40 percent or more of the time they spent at SCR. The other two thirds spent 60 percent or more of their time doing other tasks and were unable to answer calls.

### **Gathering Sufficient Information and Making Decisions Consistently**

Once a screener connects with a reporter, the screener is responsible for "prompt decision-making to protect children" including gathering sufficient information from the reporter to decide what type of response is needed and the response priority. To obtain accurate and consistent information, it is essential that screeners 1) be able to interview the reporter in the reporter's language or have access to someone who can; and 2) follow a standard protocol for information gathering and decision-making.

- **Screeners are satisfied with non-English language capacity available.**

Not all shifts have bi-lingual screeners. However, screeners can get help responding to non-English speaking callers through connecting to "Language Line," a contracted 24-hour service that provides language translation. The screeners are able to use the conference call capability of the telephone system to link the callers and the interpreters. The interpreters translate the screener questions and caller responses. The screeners we spoke to during our observations have been pleased with the service's efficiency and effectiveness. Some noted that they use the Language Line even if there is a bilingual screener available on the shift because it is efficient and it does not interrupt the other screener. We did not observe a call that required non-English speaking capability although there were bilingual speakers on the shifts we observed.

- **During our observations we did not observe screeners use a standard protocol while taking a call from a reporter, leaving the Panel concerned that calls are receiving inconsistent responses.**

Field staff and community stake holders have raised concerns about the comprehensiveness and consistency of SCR. The Panel heard from field staff that they are receiving reports with insufficient information and that some reports are incorrectly designated either by type or priority or both. The field staff noted instances where they received 1) incomplete addresses, 2) incorrect name information, or 3) incomplete information about the allegation. In addition, they commented on receiving reports that were designated as Child Welfare Services assessments that they thought should be considered Abuse/Neglect or vice versa as well as receiving Abuse/Neglect calls that should have had a different response time priority. Community stakeholders have also raised the concern that reports are being inappropriately screened out. The frequency of such problems is unknown. While there will always be some inconsistencies in screening, we believe that the establishment of a standard information collection tool to guide information gathering and decision-making is needed in order to minimize inconsistencies.

In establishing SCR, OCS took steps to prevent inconsistencies and encourage comprehensive information gathering through the criteria it adopted for allegations and concerns that fall within the State's responsibility to respond. Screeners have written guidance for assessing a call and taking information in the DYFS Field Operations Casework Policy and Procedure Manual and the Allegation-Based System. This system is similar to one used by the Illinois Department of Children and Family Services and it defines 32 allegations with some definitions including additional factors to consider, such as the child's age, in screening the report. Despite the reasonably clear definitions, there is room for screener judgment in applying the definitions. Thirteen allegations can be screened as either abuse or neglect depending largely on the parental role (direct action, failure to stop an action, or blatant disregard of parental responsibilities.) Seven additional allegations can only be screened as abuse. The final 12 allegations can only be screened as neglect. Three quarters of the allegations have additional factors to consider beyond the definition. There is, however, much less guidance for referring calls for Child Welfare Service Assessments and this is an area that OCS is working on.

The Field Operations Casework Policy and Procedures Manual provides seven criteria for assigning an immediate time response time frame to an allegation. Allegations that do not meet one or more of the seven criteria are to be identified for a 24-hour response.

Some of these policies and guidelines have been built into NJ SPIRIT, requiring certain information be entered before the system considers the report complete and electronically sent to the field. These built-in system edits are designed to prevent erroneous information from being transmitted.

Despite these available tools, we observed screeners relying on their own experience or their supervisor to collect the right information rather than any formal guidance. We did not see screeners referring to the Allegation-Based system or to the existing policies regarding child welfare services assessments. In one instance, the screener was going to refer a call to a local office as child welfare services assessment based on what she recorded but, after checking with the supervisor, she wrote it up as an abuse/neglect report requiring an immediate response because of the age of the child. While some screeners were entering reports directly into NJ SPIRIT, many of the observed screeners relied entirely on manual recording. Some screeners were not sufficiently thorough and comprehensive in obtaining information. When entering the information after completing the call, some screeners spent time calling reporters back when they realized they had not collected all the necessary information and the automated system would not allow them to proceed. However, we did see screeners using erroneous dates of birth and child location in order to "work around" what they perceived to be an information system barrier. For example, when a

screeners was required to select from a list of New Jersey counties or a code for “out of state,” he chose “out of state” because he did not know the county.

In addition, until recently, there has not been an on-going reconciliation of received calls with screener call logs. This leaves the possibility that screened out calls may not be recorded in screener logs, thus not available for further analysis. In addition, DYFS public reporting of calls does not account separately for allegations that have been consciously screened-out based on state criteria. Instead, these calls fall into a category labeled “other” and defined as crank calls, erroneous calls to SCR seeking administrative information or call backs to screeners.

- **Statistics for the number of accepted reports since creation of SCR are similar to previous time periods.**

Another possible measure of whether responses are being incorrectly designated or calls are being incorrectly screened out is to compare the 2004 statistics to statistics for previous time periods. If the data for 2004 is dramatically out of line with previous periods, that would add to the concern about current operations. Obtaining accurate data for comparison is hampered because of computer system problems, discussed later in this review. The computer problems have caused a backlog of reports that, while passed along to the appropriate local office at the time of completion in SCR, still requires manual data entry into the SIS system before it is reflected in OCS statistical reporting for both internal and external use. In a report we obtained from OCS on February 1, 2005 the following comparisons were provided, as shown in Table 17. This data does not indicate that 2004 is dramatically different than similar recent time periods.

**Table 17: Comparison of New Jersey Reports for July-October in 2002, 2003 and 2004\*\***

Report Response Type	July-Oct 2002	July-October 2003		July-October 2004		
	Average Number	Average Number	Change over 2002	Average Number	Change over 2002	Change over 2003
Abuse/Neglect	2098	2386	+ 13.7%	2239	+6.7%	-6.2%
Child Welfare Services	1481	1742	+17.6%	2007	+35.5%	+15.2

*Data supplied by OCS. Not independently verified.*

## Getting Reports to the Field

The final step for the centralized screening function is to get the reports to the field promptly. OCS has set a standard of getting reports or child welfare service assessments to the field within **one hour** of taking the call.

- **The Panel is concerned that some reports are not getting to the field in a timely fashion, thus delaying investigations.**

Currently, OCS does not have data that allows them to measure their performance against their one hour standard. Field staff voiced concern to the Panel that they were not getting the reports in a timely fashion, noting that reports that appeared to have been called in the morning, were sent to the local office late in the afternoon. From our observation, this complaint is credible. The one-hour standard was not being

met on a consistent basis due to several operational and screener inefficiencies. First, there is the backlog of messages from one shift to another that needs to be addressed by screeners. We observed one instance where a message marked “urgent” had been left for several hours in a message “bin” after a supervisory shift change. In another instance, a call was taken by a message taker two hours before a screener received it for action. Second, as noted, some screeners had to call back reporters to get needed information they did not record in the initial conversation. Third, many of the screeners sought advice from their supervisor either before or after composing the report, delaying transmittal to the field. And, fourth, entering the reports into NJ SPIRIT often required 45 minutes or more because of insufficient computer skills and the cumbersome nature of the computer system.

OCS policy requires screeners to call the local office to which the report is being sent when the report will require an immediate response. We did observe this transaction occurring.

### **Staff Credentials, Training, and Quality Assurance**

---

OCS did not provide us with the job qualifications for screeners nor did they provide us with the training curriculum screeners receive. However, during our interviews, we learned that most of the screeners were experienced permanency workers or investigators. Those that we were able to observe appeared knowledgeable and courteous. The initial group of trainers received training on the Allegation Based System from the DYFS Assistant Commissioner. When NJ SPIRIT was introduced, staff received training. The screeners we interviewed did not indicate that they had any training specific to their duties except for one day of computer training. We observed individuals receiving on-the-job training through sitting with a screener, listening into calls, discussing them with the screener and then taking calls themselves. Recently, an outline was developed for a 5-day training program covering both the screener responsibilities and computer use in a mixture of classroom and hands-on training under supervision. This training was being used for the first-time the week of January 31, 2005 with six new hires.

The telephone system did not have the complete capacity for supervisors to listen into phone calls until December 2004. However, we only observed Supervisors listening into calls when requested by screeners. Supervisors were not using the capacity for routine quality assurance. Changes in late January 2005 established the expectation that supervisors listen to a minimum of two calls per screener per week.

As of our follow-up visit, SCR did not have the capacity to tape calls for later analysis. This is a serious shortcoming. Regular taping and analysis of the tapes would provide SCR management and OCS leadership with information about the: 1) screening quality, 2) nature of screened out calls, and 3) on-English language capacity being sufficient either through on-site staff or Language Line.

### **Continued Automated System Problems and Their Implications**

---

- **Problems associated with the automated information systems used by DYFS have implications for screener efficiency and statistical report accuracy.**

Screener efficiency has been hampered by small and large problems in NJ SPIRIT. Many screeners have been able to “work around” the small problems, sharing techniques with one another and gaining more familiarity with the system. A larger problem is in the fundamental design of NJ SPIRIT. This design feature prevents the screener from easily navigating between the data entry screens for an Abuse/Neglect report and those for a Child Welfare Services assessment. As a result, screeners must make decisions about whether the call is an Abuse/Neglect allegation or it is a Child Welfare Service assessment before

entering any data. This situation does not encourage screeners to begin data entry while on the call. It is much easier to take paper and pencil notes, entering the information after the call.

Completing investigation documentation, authorizing purchased services and statistical reporting about call results and investigation timeliness are affected by another set of problems. These activities require an accepted report or referral to have an identification number assigned in the existing SIS. However SIS procedures and NJ SPIRIT implementation have produced a backlog of reports and referrals (1,000 or more) that are not in SIS. This problem is expected to persist until SIS is totally replaced by NJ SPIRIT in late 2005. This means that statistical reporting about investigations and assessments will remain variable with the actual statistics potentially lagging several weeks behind the close of a reporting period.

## **OCS CORRECTIVE ACTIONS TAKEN OR PLANNED**

---

Through its own internal assessments, OCS is aware of all of these issues and recently began to take action, including the following:

### **Management Changes**

---

New interim management has been in place since early January 2005. Under the new management the data from the Call Management System is being more effectively used. Other changes include:

- Message takers must take urgent messages to supervisors to assure that a screener handles the call immediately;
- A five-day training curriculum for new hires that includes two days of computer training, lecture on the Allegation-Based System, on-the-job observation, and supervisor-monitored screening has been initiated;
- Expectations that supervisors listen to two calls per screener per week at a minimum using the observation tool the Panel developed for its observations;
- Daily reconciliation of screener call logs with the number of calls received;
- Weekly supervisor case practice sessions to review calls and discuss how they were handled to increase consistency among the screeners;
- Sign-up for additional computer training with the designated "super users;"
- More direct involvement in screener candidate interviewing and selection;
- Communication to the field about which 800 numbers to use/not use;
- Evaluating call taping systems for purchase; and
- Reminders to the field to use a different 800 number for administrative calls and actually having someone to take those calls.

### **Additional Staff**

---

On January 19, 2005, we were told by OCS and DYFS leadership that additional staff would be hired, bringing the full staffing compliment to 68. When we returned in February 2005, staffing was up to 51 and an additional six staff were starting that week

## **System Design Changes**

---

As noted, there are several system issues. To address these issues, OCS has:

- Established a workgroup that meets regularly to review the reports that are not automatically being entered into the SIS because of system exceptions in the “bridge” between NJ SPIRIT Release I and SIS. As a result of this group’s work, system “fixes” have been employed that have improved the success rate of transferring information from NJ Spirit to SIS from about 50 percent to 55 percent.
- Implemented the first round of immediate fixes to NJ SPIRIT Release I on January 31, 2005. This implementation corrected several small problems that had caused screeners to employ “work-arounds.”
- Initiated the change order process for a design and programming change to NJ SPIRIT. Unfortunately, the change order requires the approval of the federal Administration for Children and Families, adding 30 to 60 days to the time needed to get started on this design and programming change.

## **Additional Information Gathering and Analysis**

---

- OCS has hired a consultant, Hornsby, Zeller and Associates, to assess 200 randomly selected calls. The Panel expects to participate in both the design and carrying out of the Hornsby, Zeller and Associates evaluation in order to further assess the functioning of SCR.

## **NEXT STEPS**

---

We believe all the steps OCS has taken to address the problems identified with SCR in the last several weeks are the right ones. It is essential that leadership continue to focus on these issues. Adding staff seems to have helped responsiveness. However, we have not concluded how many staff are needed for the long term if the issues of efficiency and productivity are addressed, nor do we know how productive the staff are and to what degree the NJ SPIRIT problems or unfamiliarity affect productivity.

Specifically, we believe OCS and SCR management needs to:

- Require screeners use a standard decision making and information collection tool to assure consistency, completeness, and reduce the need for call backs.
- Evaluate the training they have recently introduced and make changes as necessary. The training should add practice in “active listening skills” – listening to the caller, asking effective questions, and reciting back to the caller what they have heard.
- Continue coaching the supervisors and instruct them to discuss with screeners the calls that were “screened out” and the decision making process employed by the screeners as part of the supervisory reconciliation of screener call logs to calls received
- Continue using the available data for analysis and management, including:
  - Analyzing the “other” calls more carefully. When reporting out, the DYFS Data Analysis Unit has suggested this category included “abuse/neglect and CWS call backs” and “added information to an existing case.” Analysis should attempt to determine the proportion of calls into SCR that are call backs and what drives the need for these calls. Include in the analysis the proportion of

1) reporters who are calling to find out what is going on with the report they made; 2) reporters who are calling back to give more information to the screener because the screener had called them.

- Analyzing the volume of out going calls from SCR, including determining the reasons for outgoing calls, for example the proportion of outgoing calls that are made to alert local offices about immediate reports and/or contacting SPRU workers. This analysis should reflect the percentage of the calls made to obtain more information from reporters.
- Acquire the taping system as soon as possible and establish a means for reviewing and analyzing the taped calls. Simply taping the calls is insufficient. If an analysis plan is not developed, we fear that this good practice will be ineffective and, ultimately, produce a backlog of tapes that will only be reviewed when there is a crisis. Instead, a plan for routine analysis should be developed and implemented with the help of OCS and DYFS CQI units.
- Develop the means to accurately track the time it takes to get reports to field and establish reasonable performance expectation for data entry of the reports prior to transmittal.
- Determine the status of the first backlog of the 1,700 reports for entry into SIS that was distributed to the local offices. If data entry has not been completed, set a deadline for completion.
- Communicate with the community. Enlist assistance from DPCP to help 1) explain the Allegation Based System to community stake holders and mandated reporters; and 2) explain reporting accuracy will be affected until SIS is no longer in use.

## **APPENDIX 2—TARGETED REVIEW “BOARDER BABIES”**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

*A New Beginning* recognizes that children should be placed in families whenever possible. This need is especially urgent for infants. Historically, however, New Jersey has had a significant number of “boarder babies”—infants who cannot leave the hospital with their parents because of immediate safety concerns, but for whom an alternative caregiver is not immediately available. These children remain in the hospital beyond the time they are medically ready for discharge. The State committed to resolve this problem, and to ensure that no child would await placement in a hospital for more than five days beyond the point of medical clearance.

OCS has reported success in reducing the number of children who become “boarder babies” and the length of time they stay in the hospital. It attributed this success, in part, to the use of Family Team Meetings to find relatives who can safely care for these infants. Since Family Team Meetings are an important strategy in the reform effort, this work has implications for other parts of the plan. Given the importance of this issue, the Panel decided to do a targeted review to determine if the “boarder baby” crisis had, in fact, been resolved and if Family Team Meetings were being used routinely to support families and expedite placement decisions.

### **REVIEW METHODOLOGY**

---

#### **Site Visit**

---

The Panel and staff conducted a site visit to the East Orange District office in December 2004. During this visit, panel members interviewed area and district office leadership, frontline staff, and supervisors about their work find timely placements for newborns. In addition, we conducted a site visit to the Boarder Baby Unit at the University of Medicine and Dentistry of New Jersey (UMDNJ) and interviewed staff there.

#### **Targeted Case Record Review**

---

The panel developed a case record review data collection instrument. We used this instrument during a targeted case record review of 17 of “boarder baby” records in January 2005. Records were reviewed by Panel staff members who were shadowed by CQI staff from OCS and program staff from the Essex Office, including the former DYFS Project Manager for “Boarder Babies.”

### **ACTIONS AND PERFORMANCE**

---

Our review of case records produced information consistent with the data reported by the State. For 17 children reviewed, the average length of stay in the hospital was 5.6 days beyond medical clearance. Seven of the children remained in the hospital for more than five days beyond medical clearance. Staff at UMDNJ, where the largest number of infants are waiting, reported that their own data show an average length of stay of seven days beyond medical clearance in December 2004.

According to our interviews and case record reading, New Jersey has implemented several strategies designed to reduce the number of children who become “boarder babies” and to reduce the length of stay for those who do. These include posting workers in area hospitals; designating support workers for

special home service providers and relative care providers; substantially increasing reimbursement paid to relative caregivers; and conducting ongoing Family Team Meetings with mothers and their families, hospital staff and community agencies pertaining to timely discharge.

Our review finds that, as a result of these strategies, New Jersey has made some progress in reducing the frequency with which infants remain in the hospital beyond medical necessity. It has made more significant gains in decreasing the average length of time infants remain in the hospital. The State has not, however, succeeded in resolving the problem, or in discharging all “boarder babies” within five days after they are ready to leave the hospital. Statewide data are as follows:

**Table 18: Children in “Boarder Baby” Status**

Quarter	Average Monthly Number of “Boarder Babies”
Oct – Dec, 2003	60
Jan – Mar, 2004	61
Apr – Jun, 2004	44
July – Sept, 2004	46
Oct – Nov, 2004	49

*Data supplied by OCS. Not independently verified.*

As Table 18 shows, the average number of “boarder babies” has dropped approximately 20 percent, from a high of 61 children per month in the first calendar quarter of 2004 to 49 per month in the most recent period. The most recent figure, however, represents a slight *increase* in the number of “boarder babies” from lows achieved in the period April-June 2004.

**Table 19: Average Number of Days in “Boarder Baby” Status**

Discharge Plan	10/03-12/03	1/04-3/04	4/04-6/04	7/04-9/04
Home (w/ services)	6.0	2.8	1.1	2.1
Relative/friend	9.4	9.1	6.0	5.1
Foster Care	20.1	17.7	10.4	9.1
SHSP	43.8	29.5	25.0	17.6

*Data supplied by OCS. Not independently verified.*

Moreover, as indicated in Table 19, average lengths of stay have been cut at least by half for three of the four discharge destinations, and by more than 40 percent for children being discharged to relatives or family friends.

Table 19 also suggests significant disparities in the experiences of children, depending on the discharge resources that are available for them. Children who are able to return home to their parents with supportive services and those who are placed with relatives are able to leave the hospital much more quickly than those who must be placed in foster care. Difficulties also still remain in finding appropriate placements for babies who are medically fragile. The wait for SHSPs homes, which are designed to provide the level of care needed by medically fragile infants, has continued to be lengthy, although also reduced since October 2003. These data point to the critical need for recruitment of additional resource families, particularly those trained in specialized skills, as also recommended by the Office of the Child Advocate in its report of December 2004.

Finally, our case record reading and interviews reviewed New Jersey’s use of Family Team Meetings to find placement resources and other supports for infants. At UMDNJ, a DYFS worker is assigned full-

time to this work. All of the staff we spoke with during our site visit confirm the benefit of this approach, indicating that they have been involved in meetings with mothers, fathers, family members, family friends, and staff social workers. Importantly, the presence of the staff person is now being used with hospital staff to intervene with families earlier, sometimes to develop a plan of care even before the birth of a child.

Unfortunately, evidence of Family Team Meetings was rarely reflected in the DYFS case records. We found Family Team Meetings reports in only two of the 17 records. Staff explained that Family Team Meeting reports are kept in the hospital records and are not transferred or copied into the DYFS case record. We recommend that DYFS case records routinely include duplicate copies of Family Team Meeting reports so that current workers (and future workers, if necessary) have access to the important information gained from these meetings.

## **APPENDIX 3—TARGETED REVIEW PLACEMENT ASSESSMENT**

### **BACKGROUND AND MAJOR CONCLUSIONS**

---

Pursuant to the Settlement Agreement, the State, Plaintiffs, and Panel agreed to a number of “immediate actions” that New Jersey would undertake during the planning process. The most significant of those actions was an immediate safety review of all of the State’s children who were placed in out-of-home care.

Although the State completed this action by the fall of 2003, significant concerns were subsequently raised regarding the quality of the safety assessments. New Jersey thereafter completed a more extensive assessment of several thousand children in resource family care. From February through August of 2004, New Jersey conducted “placement assessments” of some 4,320 children, living in more than 2,000 family homes.

For each of these assessments, a team including the caseworker of one of the children living in the home and a community partner with a human services background (e.g., social workers and psychologists) visited the caregiver’s home. While in the home, the team reviewed the environmental conditions of the setting, interviewed each child, and discussed resource needs with caregivers. Following the assessment, a series of written reports and supervisory checks were established to help ensure that children and caregivers received whatever follow up was necessary to maintain the safety and stability of the placement. Notably, these assessments were conducted at the lowest point in a broken system. Caseloads remained at their peak, no new services were yet created, and additional training and re-training efforts had not yet begun.

The assessments concluded that the vast majority of children in placement in New Jersey are in safe settings. At the same time, the placement assessment process revealed that resource families have significant support needs that the child welfare system is not consistently responding to, which could threaten the well-being of children. The initiative highlighted significant needs to improve case practice, expand services, and improve communication internally and with caregivers. These findings were consistent with New Jersey’s own understanding of its performance and problem areas at the time when the assessments were conducted. Many of the elements of *A New Beginning* were designed to address the needs that were apparent during this process.

### **METHODOLOGY**

---

Because the Placement Assessments were a designated “immediate action” under the Settlement Agreement, the Panel was significantly involved in the development and monitoring of the placement assessment initiative. The Panel collected information about the placement assessment process in three ways:

#### **Participation in Assessments**

---

The placement assessment process was designed to include independent quality assurance observers, who ultimately accompanied the assessment teams on 181 reviews. Among these independent reviewers were Panel members and their staff as well as staff from Children’s Rights; these groups joined in approximately 45 reviews. Their role included joining case conferences with workers, community

partners, and supervisors to discuss the children and families' situations prior to the home visit. Reviewers also joined teams in the field then gave feedback to the assessment teams following the visit, both in person and through a quality assurance review form.

### **Ongoing Documentation Review**

---

During the course of the assessment process, New Jersey routinely issued status reports to the Panel which were reviewed and responded to during the initiative, prompting several mid-course changes. These Status Reports provided information on the State's progress in training assessment teams and completing home visits as well as highlighted emerging themes from the QA reviews, including implementation barriers. The Panel also received a Final Report from the State, summarizing all information maintained in the initiative's data tracking system (which we refer to as the "Initiative Database") as well as the results of all quality assurance activities. The Panel also participated in feedback meetings with private providers to glean lessons learned from experience.

The Panel also received two sets of managerial reports which were sources of information on individual children and caregivers, about whom the placement assessment initiative revealed significant risk and safety concerns. The first (which we refer to as the "Removal Tracking Reports") tracked all children involved in the placement assessment initiative who were removed from their placement setting. The second (which we refer to as the "Safety Log") tracked all children for whom a safety concern was noted—whether that concern prompted removal or safety planning for maintaining the child in the home.

### **Mini-Case Record Review**

---

In January 2005, at least four months after the completion of the last placement assessment home visits, the Panel selected a small sample of 12 cases that had identified needs for follow up according to the Initiative Database. These 12 cases came from local offices across the state. Reviewers read the placement assessment data system materials as well as the full case record for the children involved. They looked to see whether placement assessment documentation was contained in the ongoing case record. They also looked for timely and appropriate follow up actions, responsive to the children and caregivers' needs identified at the time of the assessment.

### **ACTIONS AND PERFORMANCE**

---

According to the Initiative Database, during the Placement Assessment process 4,320 children living in 2,054 homes and eight congregate care settings were visited by a review team. Of them, 111 children living in 73 homes were identified to be experiencing factors in their living environments that could threaten their safety. For the vast majority of children with identified "safety factors," the factor noted was in the "other" category. Upon subsequent review, very few of these factors proved to be of a nature that immediately threatened a child's safety. Notable exceptions were situations in which children were experiencing corporal punishment, household members were engaged in unsafe or illegal activities, or caregivers were struggling with substance use problems. In contrast, most "safety factors" indicated situations in which families needed additional services or environmental supports. In May 2004, data forms were significantly changed to allow assessment teams to separately identify families' needs that were not related to safety. This helped to subsequently minimize the number of assessments in which these factors were mistakenly identified.

To track children who were unsafe, managers maintained a Safety Log. The Safety Log, as provided to the Panel, tracks approximately 160 children with identified safety concerns. Like the Initiative Database, many children marked as “unsafe” in the logs were, in fact, safe—but had risk or resource concerns that needed close attention. For all of the 160 children included in the Safety Log, the materials provided to the Panel indicate the concerns were abated as of December 2004—by movement to different placement, service provision, environmental repairs, or ongoing case work activities.

While we were pleased to see documented actions to resolve concerns for all children on the Safety Log, we were unable to discern the extent of the overlap between the 160 children identified in the Safety Log and the 111 identified to have safety concerns according to the Initiative Database. However, both numbers—even if combined—indicate that the majority of children reviewed were found to meet the basic safety threshold established for the review. This was not surprising since the Independent Quality Assurance reviewers, in nearly every situation we observed, agreed with the assessment teams’ determinations that children were living in safe settings.

A few exceptions must be noted. According to the Panel’s review, for 36 of the 160 children identified in the Safety Log, follow up actions included movement to another placement either because of the safety concern or the natural progression of the case. The State identified that 22 of these children were specifically moved because their placement setting was deemed unsafe during the placement assessment process and an alternative needed to be located. For some of these children, the move was a temporary placement—either to give the caregiver a “respite” period in which to resolve concerns or because the courts ordered children returned.

New Jersey notes that the children tracked in the Safety Log and Removal Tracking Reports as experiencing safety factors or subsequent movement were not necessarily the same children tracked by the Initiative Database. That database recorded 23 children who were subsequently moved, including only six who moved specifically to ensure their safety.

Follow up regarding identified risk and well-being concerns was also poorly tracked. According to the Initiative Database, 2,078 stability issues, well-being issues, or service needs were identified during the process. Unfortunately, the State did not track this data in a way that could reveal for how many children or in how many homes these concerns were found (one child could have well-being issues and service needs, for example). New Jersey was also unable to provide a count of how many children and homes had no needs identified.

The most commonly identified needs included dental care, health care, mental health assessments and counseling, attention to permanency goals, parenting skill enhancement, financial support, and environmental repairs, especially around fire safety. Whenever issues were identified, they were to trigger notation in the data system, review by supervisory and management staff, delivery of environmental repairs or services, and documentation of remediation of the concern. While some staff did continue to use the data system to track follow up, as was intended, this was not universally true. Because of the inconsistencies, the State did not provide the Panel with statistics about how many of the 2,078 concerns were addressed and how many remain outstanding at the time of issuing their Final Report.

Our mini-review verified these findings. The Panel’s review examined the extent of follow up activities on a small sampling of cases for which service activities were suggested but the database did not indicate such activity. Based on our review, we found that in half of the cases that we reviewed, the safety assessment served one of two positive purposes. First, it confirmed that families were receiving the attention of an active, involved case manager and the assessment provided another opportunity for contact and review, with the added benefit of a second participant’s perspective. Second, for cases that had not

been receiving sufficient attention, the placement assessment process represented an opportunity to reconnect with a resource family and find out about their needs. We also consider this a success. However, the other half of cases we reviewed showed less positive results from the Placement Assessment Process. In these cases, while well-being needs were identified in the Placement Assessment, follow up was either not provided or not documented.

Follow-up continues to be a major concern about the process, both on the level of individual cases and at the level of lessons learned. Many important themes emerged about staff training needs, availability of resources, family needs, and interagency communications. Many of the community partners who joined with OCS had worthwhile suggestions. The Panel has yet to see evidence of how those ideas will be used.

## **LESSONS FOR REFORM**

---

While the Placement Assessment process is now completed, *A New Beginning's* commitment to ongoing reviews of children in care means that lessons from this enormous effort can be applied to ongoing related strategies. The most important benefits of the placement assessment process were the ways in which it created a different way of working for frontline staff, community partners and families:

- Community partners shared in the process and decision making. Community agencies were active, engaged, and willing participants. They joined in what was a very difficult process, around hard decisions about children's safety. By their own description, they have a new understanding and appreciation for the challenges of public child welfare workers. At the same time, they were inspired to continue to seek partnerships with the State and opportunities to enhance children's safety and well-being.
- Resource families, after program changes in May 2004, were invited to help determine and document the follow-up supports they needed. This is particularly important, as it represents a first for New Jersey—which the Panel hopes to see continued as resource family support workers begin their relationships with caregivers, and carry forward the ongoing work of assessing the safety, quality, and support needs in resource family homes.
- Safety was reviewed in a larger context, with risk and well-being.
- Results and follow-up efforts were maintained in an automated management system.
- Communication between children's workers and the Institutional Abuse Investigation Unit was improved during the process, as DYFS gained access to the IAIU database for the first time. This is a first, important step in improving communication between the many units responsible for oversight of resource family homes—including workers, placement staff, licensing, and IAIU.
- Items were available to immediately remediate environmental problems. In particular, assessment teams appreciated their ability to provide smoke detectors, fire extinguishers, door latches, and other environmental safety items at the moment they were needed.
- The process also demonstrated New Jersey's ability to recognize and correct mid-course challenges.

As the reforms related to *A New Beginning* continue to be launched, New Jersey should ensure that these types of activities continue, especially those that involved partnering with community stakeholders and families.